

<i>SERFF Tracking Number:</i>	<i>MCHX-G127138026</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Primerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48581</i>
<i>Company Tracking Number:</i>	<i>PLF11AA0AR</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>PLF11AA0 - Individual Term Life - Primerica Life I</i>		
<i>Project Name/Number:</i>	<i>PLF11AA0 - Individual Term Life - Primerica Life Insurance Company /PLF11AA0 - Individual Term Life - Primerica Life Insurance Company</i>		

Filing at a Glance

Company: Primerica Life Insurance Company

Product Name: PLF11AA0 - Individual Term Life - Primerica Life I

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

SERFF Tr Num: MCHX-G127138026

SERFF Status: Closed-Approved-Closed

Co Tr Num: PLF11AA0AR

Author: SPI McHughConsulting

Date Submitted: 04/26/2011

State: Arkansas

State Tr Num: 48581

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/09/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

Project Number: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: SPI McHughConsulting

Filing Description:

RE: Policy Form: PLF11AA0AR - Individual Term Life Insurance to Age 95

Specifications Pages: PLF11AA0AR (10), PLF11AA0AR (15), PLF11AA0AR (20), PLF11AA0AR (30), PLF11AA0AR (35)

Rider Form: PLF11AB0 - Spouse Term Insurance Rider

Specifications Pages: PLF11AB0 (10), PLF11AB0 (15), PLF11AB0 (20), PLF11AB0 (30),

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/09/2011

State Status Changed: 05/09/2011

Created By: SPI McHughConsulting

Corresponding Filing Tracking Number:

SERFF Tracking Number: MCHX-G127138026 State: Arkansas
Filing Company: Primerica Life Insurance Company State Tracking Number: 48581
Company Tracking Number: PLF11AA0AR
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: PLF11AA0 - Individual Term Life - Primerica Life I
Project Name/Number: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company / PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

PLF11AB0 (35)

Rider Form: PLF11AC0 - Insured Term Insurance Rider

Specifications Pages: PLF11AC0 (10), PLF11AC0 (15), PLF11AC0 (20), PLF11AC0 (30),
PLF11AC0 (35)

Rider Forms: PLF11AD0 - Increasing Benefit Spouse Rider
PLF11AE0 - Increasing Benefit Rider on Insured

Application Form: SFA-50 AR - Application for Individual Term Life Insurance

Disclosure Forms: Form PLA-208 AR - Disclosure Forms

Application Form: PLA-116 AR - Policy Change Application for Individual Term Life Insurance

Application Form: PLA-99 - Reinstatement Application for Individual Term Life Insurance

McHugh Consulting Resources, Inc. has been requested to file the attached forms on behalf of Primerica Life Insurance Company. We have provided an authorization letter for your files.

The above-referenced form(s) are being submitted for your review and approval. These are new forms and do not replace any existing forms. These forms will be offered to all applicants on a personal contact basis by our licensed agents.

Policy Form PLF11AA0AR: This policy is for unisex term insurance for amounts up through \$250,000 (total coverage) per life. It uses simplified underwriting, including medical questions and data bases and may be eligible for rapid issue. The policy will be issued with initial level premium paying periods of 10, 15, 20, 30 and 35 years, with respective guarantee periods of 10, 15, 20, 20 and 20 years and issue ages of 18-70, 18-65, 12-60, 18-50, and 18-45.

Rider Forms PLF11AB0 and PLF11AC0: The Spouse Term Insurance Rider and the Insured Term Life Rider are for unisex term insurance for amounts up through \$250,000 (total coverage) per life. They use simplified underwriting, including medical questions and data bases and may be eligible for rapid issue. The riders will be issued with initial level premium paying periods of 10, 15, 20, 30 and 35 years, with respective guarantee periods of 10, 15, 20, 20 and 20 years and issue ages of 18-70, 18-65, 12-60, 18-50, and 18-45.

Rider Forms PLF11AD0 and PLF11AE0: The Increasing Benefit Rider on Insured and the Increasing Benefit Spouse Rider are unisex term insurance riders that will be provided to non-rated Insured and Insured Spouse. These riders provide an automatic 10% increase in coverage for ten years after the first policy year on the policy anniversary up to a maximum of \$500,000, unless a coverage increase is declined. If any increase is ever declined, all future increases are forfeited. Issue ages for these riders are 18-55.

SERFF Tracking Number:	MCHX-G127138026	State:	Arkansas
Filing Company:	Primerica Life Insurance Company	State Tracking Number:	48581
Company Tracking Number:	PLF11AA0AR		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	PLF11AA0 - Individual Term Life - Primerica Life I		
Project Name/Number:	PLF11AA0 - Individual Term Life - Primerica Life Insurance Company /PLF11AA0 - Individual Term Life - Primerica Life Insurance Company		

Form SFA-50 AR - Application for Individual Term Life Insurance: Application form SFA-50 AR will be used when a new applicant applies for a new life insurance plan. Primerica Representatives may use two methods to take application form SFA-50 AR. Both methods elicit the same information from applicants. For the traditional method, our Representatives will record the applicants' responses and obtain the signatures on the paper application and then send the application to Primerica. For the electronic method, Representatives will record the applicant's responses in and then obtain the signatures on smartphones or computers and electronically submit the electronic completed application to Primerica. A completed application will be attached to the policy at issue. This electronic process was approved in Arkansas in 2005 and has been in use since then. Form SFA-50 AR contains references to information, notices and state-required disclosures, such as HIV testing.

Application form SFA-50 AR may be used with the filed policy and rider forms PLF11AA0AR, PLF11AB0, PLF11AC0, PLF11AD0 and PLF11AE0.

Form PLA-208 AR Disclosure Forms: This form will be provided to applicants who apply using a smartphone or computer. This form contains items provided to applicants who apply with a paper application, but in a reformatted version. As determined in our telephone conversation of 3/31/11, it is necessary to file the information contained in this reformatted version of the detachable pages of a paper application.

Form PLA-116 AR - Policy Change Application for Individual Term Life Insurance: This application will be used for making policy changes.

Form PLA-99 - Reinstatement Application for Individual Term Life Insurance: This application will be used for reinstating lapsed coverage.

Application forms PLA-116 AR and PLA-99 are intended to be used with all of our life insurance policy forms that have been previously approved by your Office. These Applications may also be used with any life insurance policy forms that we may develop in the future.

These forms are in final print. The Company reserves the right to change the appearance and pagination, but not the text of these forms. No font will be less than a 10-point font size. The Company also reserves the right to change the color and/or weight of the paper on which these forms are printed, the logo and to correct typographical errors without refiling.

Thank you for your time and consideration of this filing. If you have any comments or questions, please feel free to call me at the number listed below.

SERFF Tracking Number: MCHX-G127138026 State: Arkansas
Filing Company: Primerica Life Insurance Company State Tracking Number: 48581
Company Tracking Number: PLF11AA0AR
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: PLF11AA0 - Individual Term Life - Primerica Life I
Project Name/Number: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company /PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

Sincerely,

Lauren Regnery
Compliance Project Specialist
215-230-7960

Company and Contact

Filing Contact Information

Jackie Tootchen, Compliance Project Team Leader mcr@mchughconsulting.com
McHugh Consulting Resources, Inc. 215-230-7960 [Phone]
2005 South Easton Road, Suite 207 215-230-7961 [FAX]
Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)

Primerica Life Insurance Company	CoCode: 65919	State of Domicile: Massachusetts
3120 Breckinridge Boulevard	Group Code: 41	Company Type: A&H
Duluth, GA 30099-0001	Group Name:	State ID Number:
(770) 564-6122 ext. [Phone]	FEIN Number: 04-1590590	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$450.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Primerica Life Insurance Company	\$450.00	04/26/2011	46949176

SERFF Tracking Number: MCHX-G127138026 State: Arkansas

Filing Company: Primerica Life Insurance Company State Tracking Number: 48581

Company Tracking Number: PLF11AA0AR

TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other

Product Name: PLF11AA0 - Individual Term Life - Primerica Life I

Project Name/Number: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company /PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/09/2011	05/09/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/29/2011	04/29/2011	SPI McHughConsulting	05/05/2011	05/05/2011

SERFF Tracking Number: *MCHX-G127138026* *State:* *Arkansas*
Filing Company: *Primerica Life Insurance Company* *State Tracking Number:* *48581*
Company Tracking Number: *PLF11AA0AR*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.500 Other*
Product Name: *PLF11AA0 - Individual Term Life - Primerica Life I*
Project Name/Number: *PLF11AA0 - Individual Term Life - Primerica Life Insurance Company /PLF11AA0 - Individual Term Life - Primerica Life Insurance Company*

Disposition

Disposition Date: 05/09/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MCHX-G127138026 State: Arkansas

Filing Company: Primerica Life Insurance Company State Tracking Number: 48581

Company Tracking Number: PLF11AA0AR

TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other

Product Name: PLF11AA0 - Individual Term Life - Primerica Life I

Project Name/Number: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company /PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	PLF11AA0AR Highlighted Version, PLF11AB0AR Highlighted Version		Yes
Form (revised)	Individual Term Life Insurance Policy to Age 95		Yes
Form	Individual Term Life Insurance Policy to Age 95	Replaced	Yes
Form (revised)	Spouse Term Insurance Rider		Yes
Form	Spouse Term Insurance Rider	Replaced	Yes
Form	Insured Term Insurance Rider		Yes
Form	Increasing Benefit Spouse Rider		Yes
Form	Increasing Benefit Rider on Insured		Yes
Form	Application for Individual Term Life Insurance		Yes
Form	Policy Change Application for Individual Term Life		Yes
Form	Reinstatement Application for Individual Term Life Insurance		Yes
Form	Application Agreement		Yes

SERFF Tracking Number: MCHX-G127138026 State: Arkansas
Filing Company: Primerica Life Insurance Company State Tracking Number: 48581
Company Tracking Number: PLF11AA0AR
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: PLF11AA0 - Individual Term Life - Primerica Life I
Project Name/Number: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company /PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/29/2011
Submitted Date 04/29/2011
Respond By Date 05/30/2011

Dear Jackie Tootchen,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Please refer to policy Part 2 General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: MCHX-G127138026 State: Arkansas
 Filing Company: Primerica Life Insurance Company State Tracking Number: 48581
 Company Tracking Number: PLF11AA0AR
 TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
 Product Name: PLF11AA0 - Individual Term Life - Primerica Life I
 Project Name/Number: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company / PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 05/05/2011
 Submitted Date 05/05/2011

Dear Linda Bird,

Comments:

Dear Linda Bird,

Thank you for your objection letter dated April 29, 2011 regarding this filing. Our client, Primerica Life Insurance Company has reviewed your letter and offers the following in response:

Response 1

Comments: Policy form PLF11AA0AR and the spouse rider form have been amended. As a result, the Spouse Rider form number has been changed to PLF11AB0AR. The last sentence in the Suicide Exclusion provision of the policy and spouse rider, which read as applicable, "For reinstated policies / riders, the two year period begins anew", has been removed in accordance with Ark. Code Ann. 23-81-115(a)(2)(E).

Related Objection 1

Comment:

Please refer to policy Part 2 General Provisions under the Suicide provision. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: PLF11AA0AR Highlighted Version, PLF11AB0AR Highlighted Version

Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Individual Term Life Insurance Policy to Age 0AR	PLF11AA		Policy/Contract/Fraternal Certificate	Revised		64.000	PLF11AA 0AR -

SERFF Tracking Number: MCHX-G127138026 State: Arkansas
 Filing Company: Primerica Life Insurance Company State Tracking Number: 48581
 Company Tracking Number: PLF11AA0AR
 TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
 Product Name: PLF11AA0 - Individual Term Life - Primerica Life I
 Project Name/Number: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company / PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

95 Final -
5_3_11.P
DF

Previous Version

Individual Term Life	PLF11AA	Policy/Contract/Fraternal Initial	64.000	PLF11AA
Insurance Policy to Age 0AR		Certificate		0AR -
95				FINAL
				DRAFT -
				3_24_11.
				PDF

Spouse Term	PLF11AB	Policy/Contract/Fraternal Revised	85.000	PLF11AB
Insurance Rider	0AR	Certificate: Amendment,		0AR -
		Insert Page, Endorsement		Final -
		or Rider		5_3_11.P
				DF

Previous Version

Spouse Term	PLF11AB	Policy/Contract/Fraternal Initial	85.000	PLF11AB
Insurance Rider	0	Certificate: Amendment,		0 - FINAL
		Insert Page, Endorsement		-
		or Rider		3_24_11.
				PDF

No Rate/Rule Schedule items changed.

Thank you for your continued assistance with this filing.

Sincerely,

Lauren Regnery
 Compliance Project Specialist

Sincerely,
 SPI McHughConsulting

SERFF Tracking Number: MCHX-G127138026 State: Arkansas

Filing Company: Primerica Life Insurance Company State Tracking Number: 48581

Company Tracking Number: PLF11AA0AR

TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other

Product Name: PLF11AA0 - Individual Term Life - Primerica Life I

Project Name/Number: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company /PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

Form Schedule

Lead Form Number: PLF11AA0AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PLF11AA0AR	Policy/Cont Individual Term Life ract/Fratern Insurance Policy to al Age 95 Certificate	Revised	Replaced Form #: Previous Filing #:	64.000	PLF11AA0AR - Final - 5_3_11.PDF
	PLF11AB0AR	Policy/Cont Spouse Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: Previous Filing #:	85.000	PLF11AB0AR - Final - 5_3_11.PDF
	PLF11AC0	Policy/Cont Insured Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		87.000	PLF11AC0 - FINAL - 3_24_11.PDF
	PLF11AD0	Policy/Cont Increasing Benefit ract/Fratern Spouse Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		70.000	PLF11AD0 - FINAL - 3_24_11.PDF

SERFF Tracking Number: MCHX-G127138026 State: Arkansas
 Filing Company: Primerica Life Insurance Company State Tracking Number: 48581
 Company Tracking Number: PLF11AA0AR
 TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
 Product Name: PLF11AA0 - Individual Term Life - Primerica Life I
 Project Name/Number: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company /PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

PLF11AE0	Policy/Cont Increasing Benefit ract/Fratern Rider on Insured al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	71.000	PLF11AE0 - FINAL - 3_24_11.PDF
SFA-50 AR	Application/ Application for Enrollment Individual Term Life Form Insurance	Initial	58.000	SFA-50 AR - Final - 4_13_11.PDF
PLA-116 AR	Application/ Policy Change Enrollment Application for Form Individual Term Life	Initial	61.000	PLA-116 AR - Final - 4_13_11.PDF
PLA-99	Application/ Reinstatement Enrollment Application for Form Individual Term Life Insurance	Initial	64.000	PLA-99 - 4_13_11.PDF
PLA-208 AR	Application/ Application Enrollment Agreement Form	Initial	47.000	PLA-208 AR - Final - 4_13_11.PDF



**Primerica Life
Insurance Company**
3120 Breckinridge Boulevard
Duluth, Georgia 30099-0001

For Policyowner Service
Call 1-800-257-4725
www.primerica.com

We will pay the Face Amount, in a lump sum, to the Beneficiary upon receiving due proof that the Insured died before the Expiry Date and while this Policy was in force. This agreement is subject to the provisions on the following pages, which constitute the Policy.

RIGHT TO RETURN POLICY: You may return this Policy to Us or Our authorized agent for any reason within 30 days after You receive it or any longer period as may be required by the applicable law in the state where the policy is issued for delivery. If returned, it will be considered void from the beginning. Any premium paid will be refunded.

This Policy is effective at 12:01 A.M. on the Date of Issue.

Signed on the Date of Issue at Our Executive Offices.

[]
Secretary

[]
President

TERM LIFE INSURANCE TO AGE 95

PREMIUMS ARE SUBJECT TO CHANGE

**EXCHANGEABLE AFTER FIVE YEARS TO ANNUAL INCREASING PREMIUM
OR DECREASING TERM INSURANCE TO AGE 100**

NONPARTICIPATING

Primerica Life Insurance Company
(A Stock Company)
Home Office: Boston, Massachusetts

TABLE OF CONTENTS

PART 1:	DEFINITIONS	Page 4
PART 2:	GENERAL PROVISIONS	Page 4
PART 3:	BENEFICIARY PROVISIONS	Page 5
PART 4:	PREMIUM PROVISIONS	Page 6
PART 5:	EXCHANGE PROVISIONS	Page 7

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MAY 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MAY 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MAY 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 20 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-20]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$855.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$855.00]	[\$444.60]	[\$226.58]	[\$81.23]
TOTAL YEARLY COST				
FIRST YEAR	[\$855.00]	[\$889.20]	[\$906.32]	[\$974.76]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$855.00	\$855.00	\$200,000.00]
[02	36	\$855.00	\$855.00	\$200,000.00]
[03	37	\$855.00	\$855.00	\$200,000.00]
[04	38	\$855.00	\$855.00	\$200,000.00]
[05	39	\$855.00	\$855.00	\$200,000.00]
[06	40	\$855.00	\$855.00	\$200,000.00]
[07	41	\$855.00	\$855.00	\$200,000.00]
[08	42	\$855.00	\$855.00	\$200,000.00]
[09	43	\$855.00	\$855.00	\$200,000.00]
[10	44	\$855.00	\$855.00	\$200,000.00]
[11	45	\$855.00	\$855.00	\$200,000.00]
[12	46	\$855.00	\$855.00	\$200,000.00]
[13	47	\$855.00	\$855.00	\$200,000.00]
[14	48	\$855.00	\$855.00	\$200,000.00]
[15	49	\$855.00	\$855.00	\$200,000.00]
[16	50	\$855.00	\$855.00	\$200,000.00]
[17	51	\$855.00	\$855.00	\$200,000.00]
[18	52	\$855.00	\$855.00	\$200,000.00]
[19	53	\$855.00	\$855.00	\$200,000.00]
[20	54	\$855.00	\$855.00	\$200,000.00]
[21	55	\$2,643.00	\$4,893.00	\$200,000.00]
[22	56	\$2,643.00	\$4,893.00	\$200,000.00]
[23	57	\$2,643.00	\$4,893.00	\$200,000.00]
[24	58	\$2,643.00	\$4,893.00	\$200,000.00]
[25	59	\$2,643.00	\$4,893.00	\$200,000.00]
[26	60	\$4,307.00	\$7,455.00	\$200,000.00]
[27	61	\$4,307.00	\$7,455.00	\$200,000.00]
[28	62	\$4,307.00	\$7,455.00	\$200,000.00]
[29	63	\$4,307.00	\$7,455.00	\$200,000.00]
[30	64	\$4,307.00	\$7,455.00	\$200,000.00]
[31	65	\$6,935.00	\$11,031.00	\$200,000.00]
[32	66	\$6,935.00	\$11,031.00	\$200,000.00]
[33	67	\$6,935.00	\$11,031.00	\$200,000.00]
[34	68	\$6,935.00	\$11,031.00	\$200,000.00]
[35	69	\$6,935.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MAY 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MAY 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MAY 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 10 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 10 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-10]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$467.00]

*The Scheduled Annual Premiums shown above are guaranteed for 10 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$467.00]	[\$242.84]	[\$123.76]	[\$44.37]
TOTAL YEARLY COST				
FIRST YEAR	[\$467.00]	[\$485.68]	[\$495.04]	[\$532.44]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$467.00	\$467.00	\$200,000.00]
[02	36	\$467.00	\$467.00	\$200,000.00]
[03	37	\$467.00	\$467.00	\$200,000.00]
[04	38	\$467.00	\$467.00	\$200,000.00]
[05	39	\$467.00	\$467.00	\$200,000.00]
[06	40	\$467.00	\$467.00	\$200,000.00]
[07	41	\$467.00	\$467.00	\$200,000.00]
[08	42	\$467.00	\$467.00	\$200,000.00]
[09	43	\$467.00	\$467.00	\$200,000.00]
[10	44	\$467.00	\$467.00	\$200,000.00]
[11	45	\$1,101.00	\$1,701.00	\$200,000.00]
[12	46	\$1,101.00	\$1,701.00	\$200,000.00]
[13	47	\$1,101.00	\$1,701.00	\$200,000.00]
[14	48	\$1,101.00	\$1,701.00	\$200,000.00]
[15	49	\$1,101.00	\$1,701.00	\$200,000.00]
[16	50	\$1,657.00	\$2,971.00	\$200,000.00]
[17	51	\$1,657.00	\$2,971.00	\$200,000.00]
[18	52	\$1,657.00	\$2,971.00	\$200,000.00]
[19	53	\$1,657.00	\$2,971.00	\$200,000.00]
[20	54	\$1,657.00	\$2,971.00	\$200,000.00]
[21	55	\$2,643.00	\$4,893.00	\$200,000.00]
[22	56	\$2,643.00	\$4,893.00	\$200,000.00]
[23	57	\$2,643.00	\$4,893.00	\$200,000.00]
[24	58	\$2,643.00	\$4,893.00	\$200,000.00]
[25	59	\$2,643.00	\$4,893.00	\$200,000.00]
[26	60	\$4,307.00	\$7,455.00	\$200,000.00]
[27	61	\$4,307.00	\$7,455.00	\$200,000.00]
[28	62	\$4,307.00	\$7,455.00	\$200,000.00]
[29	63	\$4,307.00	\$7,455.00	\$200,000.00]
[30	64	\$4,307.00	\$7,455.00	\$200,000.00]
[31	65	\$6,935.00	\$11,031.00	\$200,000.00]
[32	66	\$6,935.00	\$11,031.00	\$200,000.00]
[33	67	\$6,935.00	\$11,031.00	\$200,000.00]
[34	68	\$6,935.00	\$11,031.00	\$200,000.00]
[35	69	\$6,935.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MAY 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MAY 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MAY 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 15 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 15 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-15]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$703.00]

*The Scheduled Annual Premiums shown above are guaranteed for 15 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$703.00]	[\$365.56]	[\$186.30]	[\$66.79]
TOTAL YEARLY COST FIRST YEAR	[\$703.00]	[\$731.12]	[\$745.20]	[\$801.48]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$703.00	\$703.00	\$200,000.00]
[02	36	\$703.00	\$703.00	\$200,000.00]
[03	37	\$703.00	\$703.00	\$200,000.00]
[04	38	\$703.00	\$703.00	\$200,000.00]
[05	39	\$703.00	\$703.00	\$200,000.00]
[06	40	\$703.00	\$703.00	\$200,000.00]
[07	41	\$703.00	\$703.00	\$200,000.00]
[08	42	\$703.00	\$703.00	\$200,000.00]
[09	43	\$703.00	\$703.00	\$200,000.00]
[10	44	\$703.00	\$703.00	\$200,000.00]
[11	45	\$703.00	\$703.00	\$200,000.00]
[12	46	\$703.00	\$703.00	\$200,000.00]
[13	47	\$703.00	\$703.00	\$200,000.00]
[14	48	\$703.00	\$703.00	\$200,000.00]
[15	49	\$703.00	\$703.00	\$200,000.00]
[16	50	\$1,657.00	\$2,971.00	\$200,000.00]
[17	51	\$1,657.00	\$2,971.00	\$200,000.00]
[18	52	\$1,657.00	\$2,971.00	\$200,000.00]
[19	53	\$1,657.00	\$2,971.00	\$200,000.00]
[20	54	\$1,657.00	\$2,971.00	\$200,000.00]
[21	55	\$2,643.00	\$4,893.00	\$200,000.00]
[22	56	\$2,643.00	\$4,893.00	\$200,000.00]
[23	57	\$2,643.00	\$4,893.00	\$200,000.00]
[24	58	\$2,643.00	\$4,893.00	\$200,000.00]
[25	59	\$2,643.00	\$4,893.00	\$200,000.00]
[26	60	\$4,307.00	\$7,455.00	\$200,000.00]
[27	61	\$4,307.00	\$7,455.00	\$200,000.00]
[28	62	\$4,307.00	\$7,455.00	\$200,000.00]
[29	63	\$4,307.00	\$7,455.00	\$200,000.00]
[30	64	\$4,307.00	\$7,455.00	\$200,000.00]
[31	65	\$6,935.00	\$11,031.00	\$200,000.00]
[32	66	\$6,935.00	\$11,031.00	\$200,000.00]
[33	67	\$6,935.00	\$11,031.00	\$200,000.00]
[34	68	\$6,935.00	\$11,031.00	\$200,000.00]
[35	69	\$6,935.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MAY 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MAY 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MAY 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 30 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-30]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$1,025.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$1,025.00]	[\$533.00]	[\$271.63]	[\$97.38]
TOTAL YEARLY COST				
FIRST YEAR	[\$1,025.00]	[\$1,066.00]	[\$1,086.52]	[\$1,168.56]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$1,025.00	\$1,025.00	\$200,000.00]
[02	36	\$1,025.00	\$1,025.00	\$200,000.00]
[03	37	\$1,025.00	\$1,025.00	\$200,000.00]
[04	38	\$1,025.00	\$1,025.00	\$200,000.00]
[05	39	\$1,025.00	\$1,025.00	\$200,000.00]
[06	40	\$1,025.00	\$1,025.00	\$200,000.00]
[07	41	\$1,025.00	\$1,025.00	\$200,000.00]
[08	42	\$1,025.00	\$1,025.00	\$200,000.00]
[09	43	\$1,025.00	\$1,025.00	\$200,000.00]
[10	44	\$1,025.00	\$1,025.00	\$200,000.00]
[11	45	\$1,025.00	\$1,025.00	\$200,000.00]
[12	46	\$1,025.00	\$1,025.00	\$200,000.00]
[13	47	\$1,025.00	\$1,025.00	\$200,000.00]
[14	48	\$1,025.00	\$1,025.00	\$200,000.00]
[15	49	\$1,025.00	\$1,025.00	\$200,000.00]
[16	50	\$1,025.00	\$1,025.00	\$200,000.00]
[17	51	\$1,025.00	\$1,025.00	\$200,000.00]
[18	52	\$1,025.00	\$1,025.00	\$200,000.00]
[19	53	\$1,025.00	\$1,025.00	\$200,000.00]
[20	54	\$1,025.00	\$1,025.00	\$200,000.00]
[21	55	\$1,025.00	\$4,893.00	\$200,000.00]
[22	56	\$1,025.00	\$4,893.00	\$200,000.00]
[23	57	\$1,025.00	\$4,893.00	\$200,000.00]
[24	58	\$1,025.00	\$4,893.00	\$200,000.00]
[25	59	\$1,025.00	\$4,893.00	\$200,000.00]
[26	60	\$1,025.00	\$7,455.00	\$200,000.00]
[27	61	\$1,025.00	\$7,455.00	\$200,000.00]
[28	62	\$1,025.00	\$7,455.00	\$200,000.00]
[29	63	\$1,025.00	\$7,455.00	\$200,000.00]
[30	64	\$1,025.00	\$7,455.00	\$200,000.00]
[31	65	\$6,935.00	\$11,031.00	\$200,000.00]
[32	66	\$6,935.00	\$11,031.00	\$200,000.00]
[33	67	\$6,935.00	\$11,031.00	\$200,000.00]
[34	68	\$6,935.00	\$11,031.00	\$200,000.00]
[35	69	\$6,935.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MAY 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MAY 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MAY 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 35 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-35]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$1,213.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$1,213.00]	[\$630.76]	[\$321.45]	[\$115.24]
TOTAL YEARLY COST				
FIRST YEAR	[\$1,213.00]	[\$1,261.52]	[\$1,285.80]	[\$1,382.88]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$1,213.00	\$1,213.00	\$200,000.00]
[02	36	\$1,213.00	\$1,213.00	\$200,000.00]
[03	37	\$1,213.00	\$1,213.00	\$200,000.00]
[04	38	\$1,213.00	\$1,213.00	\$200,000.00]
[05	39	\$1,213.00	\$1,213.00	\$200,000.00]
[06	40	\$1,213.00	\$1,213.00	\$200,000.00]
[07	41	\$1,213.00	\$1,213.00	\$200,000.00]
[08	42	\$1,213.00	\$1,213.00	\$200,000.00]
[09	43	\$1,213.00	\$1,213.00	\$200,000.00]
[10	44	\$1,213.00	\$1,213.00	\$200,000.00]
[11	45	\$1,213.00	\$1,213.00	\$200,000.00]
[12	46	\$1,213.00	\$1,213.00	\$200,000.00]
[13	47	\$1,213.00	\$1,213.00	\$200,000.00]
[14	48	\$1,213.00	\$1,213.00	\$200,000.00]
[15	49	\$1,213.00	\$1,213.00	\$200,000.00]
[16	50	\$1,213.00	\$1,213.00	\$200,000.00]
[17	51	\$1,213.00	\$1,213.00	\$200,000.00]
[18	52	\$1,213.00	\$1,213.00	\$200,000.00]
[19	53	\$1,213.00	\$1,213.00	\$200,000.00]
[20	54	\$1,213.00	\$1,213.00	\$200,000.00]
[21	55	\$1,213.00	\$4,893.00	\$200,000.00]
[22	56	\$1,213.00	\$4,893.00	\$200,000.00]
[23	57	\$1,213.00	\$4,893.00	\$200,000.00]
[24	58	\$1,213.00	\$4,893.00	\$200,000.00]
[25	59	\$1,213.00	\$4,893.00	\$200,000.00]
[26	60	\$1,213.00	\$7,455.00	\$200,000.00]
[27	61	\$1,213.00	\$7,455.00	\$200,000.00]
[28	62	\$1,213.00	\$7,455.00	\$200,000.00]
[29	63	\$1,213.00	\$7,455.00	\$200,000.00]
[30	64	\$1,213.00	\$7,455.00	\$200,000.00]
[31	65	\$1,213.00	\$11,031.00	\$200,000.00]
[32	66	\$1,213.00	\$11,031.00	\$200,000.00]
[33	67	\$1,213.00	\$11,031.00	\$200,000.00]
[34	68	\$1,213.00	\$11,031.00	\$200,000.00]
[35	69	\$1,213.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

PART 1 DEFINITIONS

These are some key words used in this Policy.

1. *ATTAINED AGE* - The Issue Age plus the number of policy years since the Policy Date.
2. *BENEFICIARY* - The person(s) to whom the Policy proceeds are payable at the death of the Insured. This is the person(s) named in the application as the Beneficiary, unless later changed (see Part 3).
3. *DATE OF ISSUE* - The date shown on Page 3 on which We issue the Policy to You. This date controls the Incontestability and Suicide Exclusion provisions in Part 2.
4. *EXPIRY DATE* - The date shown on Page 3. The Policy continues until this date. It is not in force on or after this date.
5. *FACE AMOUNT* - The amount of insurance for each policy year which is shown in Table A on Page 3A.
6. *INSURED* - The person whose life the Policy insures and who is named in the Policy Specifications.
7. *ISSUE AGE* - The Insured's age on the birthday nearest the Policy Date.
8. *NOTICE TO US* - Communication We have received from You which is acceptable to Us.
9. *POLICY DATE* - The date shown on Page 3 from which premium due dates, policy anniversaries, policy years and policy months are measured.
10. *PREMIUM CLASS* - The risk classification used in determining what premiums You pay.
11. *WE, OUR or US* - Primerica Life Insurance Company.
12. *YOU or YOUR* - The Owner of the Policy. Unless You tell Us otherwise, the Owner is the Insured.

PART 2 GENERAL PROVISIONS

OWNER OF POLICY - This Policy belongs to You. During the Insured's life, You have all of the rights described in this Policy. You may change the Owner by Notice to Us. Unless otherwise specified the change in owner designation is effective the date the Notice to Us is signed, subject to any payments made or actions taken by Us prior to receipt of the Notice. If You die, Your rights will pass to the named contingent owner, if any. If there is no named contingent owner, Your rights will pass to the Insured.

THE CONTRACT - This Policy is issued in consideration of the application and payment of the first premium. A copy of the application and any supplemental applications (including, but not limited to, interviews and examination reports), is attached and is a part of the Policy. Together, they are the entire contract. All statements in the application, except fraudulent ones, are deemed to be representations and not warranties. No statement will void this Policy or be used in defense of a claim unless: (1) it is contained in a written application; and (2) a copy of that application is attached to this Policy.

DUPLICATE POLICY - You may request a duplicate copy of Your current Policy, that will not contain a copy of the application(s), unless requested by You. A duplicate Policy request should be sent to Us at Our Executive Offices. We will charge a fee for each duplicate Policy request.

WAIVER OR MODIFICATION - Any change to this Policy must be in writing and signed by Our President or Secretary. No agent or any other person can change this Policy or waive any of its provisions on Our behalf.

MISSTATEMENT OF AGE - If the age of the Insured has been misstated in the application, the death benefit shall be what the most recent premium would have purchased for the correct age.

INCONTESTABILITY - We will not contest this Policy after it has been in force for two years during the Insured's life except for non-payment of premium and fraud in the procurement of the policy, when permitted by applicable law in the state where the policy is delivered or issued for delivery. The two years begin on the Date of Issue.

SUICIDE EXCLUSION - If the Insured dies by suicide, while sane or insane, within two years of the Date of Issue, We are only liable for the premiums paid.

REPLACED COVERAGE - If insurance coverage (excluding group coverage) is to be replaced, as shown in the application, and has terminated: (a) prior to the Insured's death, including death by suicide; and (b) between 60 days before and 60 days after the Date of Issue of this Policy, We will not contest the amount of the replaced coverage that would not have been contestable had it not been replaced. If it is not possible to terminate any coverage to be replaced because of its provisions within 60 days after the Date of Issue of this Policy, such 60-day period will be extended to the earliest possible date for the coverage to be terminated under its provisions. For example, You are insured under another company's policy for \$100,000 and that policy has been in force two years. If this Policy replaced the other company's policy, We would not contest this Policy for up to \$100,000. We would however, be able to contest any amount over \$100,000.

NONPARTICIPATION - This Policy does not participate in Our profits or surplus.

ASSIGNMENT - You may assign Your rights under this Policy. You must give Notice to Us of the assignment. Unless otherwise specified, the assignment is effective on the date the Notice to Us is signed, subject to any payments made or actions taken by Us prior to receipt of the Notice to Us. We are not responsible for the validity of any assignment. The interest of any Beneficiary not designated irrevocable will be subject to the rights of any assignee.

PAYMENT OF PROCEEDS - Due proof of the death of the Insured must be sent to Us at Our Executive Offices. We must receive a certified death certificate, completed claim forms and a valid authorization for Us to obtain all medical and other records concerning the Insured. Death proceeds equal: (1) the Face Amount of this Policy as shown in Table A on Page 3A; plus (2) any rider benefits; and minus (3) any overdue premium if death occurs during a grace period. Any interest payable on death proceeds will be paid according to applicable state law.

A Beneficiary may choose to receive installments for a fixed period. If chosen, the proceeds will be paid in equal payments for a fixed period. The frequency of the installments and the fixed period will be as selected. The fixed period may not exceed 25 years. The amount of each installment will be determined from the table below. The interest paid under this option is 0.75%. This option will be available only if the amount to be paid to any Beneficiary is at least \$10,000 and is also sufficient to provide a periodic payment of at least \$25.

MONTHLY INSTALLMENTS FOR EACH \$1,000 PAYABLE

Fixed Period in Years	Monthly Amount*	Fixed Period in Years	Monthly Amount*	Fixed Period in Years	Monthly Amount*	Fixed Period in Years	Monthly Amount*	Fixed Period in Years	Monthly Amount*
1	\$83.62	6	\$14.20	11	\$ 7.89	16	\$ 5.52	21	\$ 4.29
2	41.97	7	12.22	12	7.26	17	5.22	22	4.11
3	28.08	8	10.73	13	6.72	18	4.95	23	3.94
4	21.14	9	9.57	14	6.27	19	4.70	24	3.79
5	16.97	10	8.65	15	5.87	20	4.48	25	3.65

* Multiply the monthly installment by 2.998 to obtain the quarterly installment; by 5.991 to obtain the semiannual installment; and by 11.959 to obtain the annual installment.

CANCELLATION - You may cancel Your Policy at any time by Notice to Us. Your Policy will be canceled as of the date We receive the Notice, or, if stated in Your Notice, as of a later date. If this Policy is canceled before the Expiry Date and premiums have been paid in advance, We will refund any unearned portion of the premiums paid beyond the end of the policy month in which cancellation occurred.

PART 3 BENEFICIARY PROVISIONS

BENEFICIARY - The Beneficiary's interest will end if the Beneficiary dies before the Insured. If no primary Beneficiary is living at the Insured's death, the death proceeds will be paid to any contingent Beneficiary living at the Insured's death. The proceeds will be paid to the Owner if the Insured dies and there is no living primary or contingent Beneficiary. Proceeds will be paid to the Insured's estate if there is no living Beneficiary or Owner. We may rely on a sworn statement by any responsible person to discover the identity or nonexistence of any Beneficiary not identified by name.

CHANGE OF BENEFICIARY - You can change a Beneficiary by Notice to Us. You can only change a Beneficiary while the Insured is alive. A Beneficiary designated irrevocable on Our records may not be changed except with the written consent of that Beneficiary. A Beneficiary change will take effect on the date of the Notice to Us unless otherwise specified by You. If the Insured died before We receive this Notice, the change is effective, subject to any prior payment of proceeds.

PART 4 PREMIUM PROVISIONS

PREMIUM PAYMENTS - Premiums are payable to Us in advance. The first premium is due on or before delivery of this Policy and may be paid to Us through one of Our agents. Subsequent premiums must be paid to Us at Our Executive Offices and are due at 12, 6, 3 or 1 Policy month intervals, depending on the premium payment option You chose in the application. The premiums shown on Page 3A are for the premium payment option You chose. Premium amounts for all available payment options are on Page 3. More frequent payments result in a higher total annualized premium. You may change the premium payment option for future premium payments upon Notice to Us. Premiums are not due for any period after the Insured's death or the Expiry Date.

If a part of the total premium is no longer payable under the provisions of a Rider, the total premium will be adjusted accordingly.

PREMIUM CHANGES BY COMPANY - Premiums for this Policy will be the scheduled premiums shown on Pages 3 and 3A, unless changed by Us. We reserve the right to change the scheduled premiums. We will not change them more often than once a year, and in no event will the scheduled premiums be greater than the maximum premiums shown on Page 3A. Any such change will apply uniformly to all policies of this form issued to Insureds having the same Issue Age, duration, Premium Class, year, month, and state of issue; and will be based on future anticipated or emerging experience, including, but not limited to investment earnings, mortality, persistency, taxes and expenses. No change in premiums or Premium Class will occur because of deterioration of the Insured's health or change in occupation.

We will mail written notice to You at least 60 days prior to the date on which a change in Your scheduled premiums will become effective. We will send You new policy specifications pages to reflect any changes in scheduled premiums.

OTHER PREMIUM CHANGES - Changes requested by You and approved by Us to the Face Amount or Premium Class of this Policy or the Face Amount or Premium Class of any Riders may also change Your scheduled premiums.

RETURN OF UNEARNED PREMIUM AT DEATH - In the event of the Insured's death, the proceeds payable to the Beneficiary under this Policy shall include premiums paid for any period beyond the end of the Policy month in which death occurred.

GRACE PERIOD - This Policy has a 31 day grace period. This means that, except for the first premium, if a premium is not paid on or before the date it is due, it may be paid during the next 31 days. No interest will be charged for this late payment. During this 31 day period, the Policy will stay in force. If You do not pay the premium by the end of the grace period, this Policy will automatically terminate.

REINSTATEMENT - If this Policy terminates due to unpaid premium, it may be reinstated within three years after the date the first unpaid premium was due, if prior to the Expiry Date.

To reinstate this Policy, We must have evidence of insurability satisfactory to Us for all persons to be covered and payment of all unpaid premiums, plus interest at 6% per year compounded annually. The Policy Date of the reinstated policy will remain the original Policy Date. The reinstated date is the date We approve the reinstatement application.

Another option for reinstating this Policy is by providing evidence of insurability satisfactory to Us for all persons to be covered and payment of one month's premium. The Policy Date of the reinstated policy will be adjusted based on the length of time Your policy was lapsed. Reinstatement in this manner may result in changes in insurance age(s) and premiums may increase. You will be notified by Us if there is a premium increase. The reinstated date is the date We approve the reinstatement application.

The reinstated Policy shall be incontestable to the same extent as indicated in the above Incontestability Provision, from the reinstated date based only on statements in the reinstatement application, unless the original contestable period has not expired. This means that the two year contestable period will begin anew with the reinstatement.

PART 5
EXCHANGE PROVISIONS

EXCHANGE AT ATTAINED AGE - This Policy provides coverage until the Expiry Date, or You may exchange this Policy at any time after it has been in force for five years to the Annual Increasing Premium Term Insurance to Age 100 Plan or the Decreasing Term Insurance to Age 100 Plan described below. If the exchange is for the same class of insurance, we will not require evidence of insurability. The new plan will take effect on the exchange date and this Policy will terminate. However, the new plan's Incontestability and Suicide Exclusion provisions will be controlled by the Date of Issue of this Policy. We will issue either revised policy specifications pages or a new policy.

The following conditions are necessary for exchange: (1) We receive Notice to Us requesting an exchange; (2) the face amount of the new plan is not less than the minimum required by Us nor greater than the Face Amount in effect under this Policy on the exchange date; (3) the required premium is paid within 31 days after the exchange date; (4) the Insured is alive; (5) this Policy is in force on the exchange date; and (6) premiums for Your current Policy are not being waived under any rider attached to this Policy. The exchange plan will be issued at Our premium rates for that plan for the Insured's Attained Age on the exchange date based on the same Premium Class shown on Page 3, provided the face amount of the new plan is not less than the minimum required by Us nor greater than the Face Amount in effect under this Policy on the exchange date.

ANNUAL INCREASING PREMIUM TERM INSURANCE TO AGE 100 PLAN - For this plan, the face amount remains level while premiums increase each year with Attained Age. Annual premiums per \$1,000 face amount for this plan are shown below in Table B. We reserve the right to change the scheduled premiums shown in Table B. We will not change the premiums to more than the maximum premiums shown in Table B.

TABLE B
NON-TOBACCO USE
ANNUAL EXCHANGE PREMIUMS PER \$1,000 FACE AMOUNT
THE ANNUAL POLICY FEE OF \$75 MUST BE ADDED.

AGE	SCHEDULED				MAXIMUM	AGE	SCHEDULED				MAXIMUM
	\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS		\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS
20	\$ 1.13	\$ 1.10	\$ 0.99	\$ 0.90	\$ 1.64	60	\$ 11.55	\$ 10.43	\$ 9.68	\$ 9.24	\$ 16.01
21	1.13	1.10	0.99	0.90	1.64	61	12.75	11.52	10.69	10.20	17.37
22	1.13	1.10	0.99	0.90	1.64	62	14.09	12.73	11.81	11.27	18.87
23	1.13	1.10	0.99	0.90	1.64	63	15.49	13.99	12.99	12.39	20.40
24	1.13	1.10	0.99	0.90	1.64	64	17.01	15.36	14.27	13.60	22.07
25	1.13	1.10	0.99	0.90	1.64	65	18.67	16.87	15.67	14.94	23.91
26	1.13	1.10	0.99	0.90	1.64	66	20.40	18.43	17.11	16.33	25.94
27	1.13	1.10	0.99	0.90	1.64	67	22.30	20.29	18.71	17.85	28.17
28	1.13	1.10	0.99	0.90	1.64	68	24.41	22.36	20.48	19.53	30.66
29	1.13	1.10	0.99	0.90	1.64	69	26.03	24.02	21.83	20.82	33.38
30	1.13	1.10	0.99	0.90	1.64	70	28.64	26.61	24.03	22.91	36.39
31	1.13	1.10	0.99	0.90	1.64	71	31.46	29.45	26.51	25.24	39.86
32	1.13	1.10	0.99	0.90	1.64	72	34.48	32.49	29.18	27.73	43.73
33	1.13	1.10	0.99	0.90	1.64	73	38.48	35.82	32.10	30.44	47.92
34	1.19	1.16	1.04	0.95	1.77	74	42.92	39.50	35.31	33.42	52.53
35	1.26	1.22	1.09	1.00	1.93	75	47.89	43.57	38.89	36.74	57.64
36	1.34	1.29	1.17	1.07	2.06	76	53.49	48.12	42.86	40.42	63.24
37	1.45	1.39	1.26	1.15	2.23	77	59.73	53.15	47.28	44.51	69.40
38	1.51	1.45	1.31	1.21	2.31	78	66.68	58.71	52.16	49.02	76.22
39	1.63	1.56	1.42	1.30	2.44	79	74.36	64.79	57.52	53.94	83.57
40	1.77	1.69	1.54	1.42	2.60	80	82.78	71.41	63.35	59.32	91.80
41	1.91	1.81	1.65	1.53	2.75	81	91.98	78.57	69.69	65.14	102.96
42	2.07	1.95	1.78	1.66	2.92	82	101.90	86.21	76.33	71.37	115.55
43	2.26	2.11	1.93	1.80	3.14	83	112.60	94.37	83.45	78.04	128.10
44	2.45	2.29	2.09	1.96	3.40	84	124.55	103.42	91.37	85.47	141.97
45	2.67	2.48	2.28	2.14	3.70	85	137.75	113.36	100.11	93.68	157.59
46	2.92	2.70	2.48	2.34	4.05	86	152.25	124.20	109.67	102.67	171.76
47	3.18	2.92	2.70	2.55	4.48	87	168.13	135.98	120.14	112.53	193.09
48	3.48	3.17	2.93	2.78	4.95	88	185.40	148.70	131.52	123.23	215.37
49	3.77	3.42	3.16	3.01	5.47	89	200.93	162.19	143.68	134.72	239.13
50	4.10	3.71	3.44	3.29	6.08	90	216.96	176.25	156.48	146.80	261.03
51	4.54	4.09	3.80	3.63	6.75	91	233.48	189.73	169.95	159.55	272.10
52	5.03	4.54	4.22	4.02	7.51	92	250.52	203.64	184.12	172.99	293.89
53	5.56	5.03	4.67	4.45	8.33	93	268.04	217.95	199.06	187.16	326.21
54	6.13	5.54	5.13	4.90	9.19	94	286.05	232.67	214.78	202.11	367.01
55	6.78	6.12	5.69	5.42	10.13	95	304.58	247.74	228.70	215.21	417.38
56	7.56	6.83	6.35	6.05	11.21	96	324.95	264.31	243.98	229.59	465.21
57	8.43	7.61	7.07	6.74	12.33	97	389.85	317.11	292.73	275.46	514.45
58	9.41	8.50	7.90	7.52	13.54	98	412.62	335.61	309.81	291.53	522.89
59	10.45	9.43	8.76	8.35	14.75	99	435.91	354.57	327.30	307.99	551.12

NOTE: AGE IS ATTAINED AGE.

TABLE B (CONT'D)
TOBACCO USE
ANNUAL EXCHANGE PREMIUMS PER \$1,000 FACE AMOUNT
THE ANNUAL POLICY FEE OF \$75 MUST BE ADDED.

AGE	SCHEDULED				MAXIMUM	AGE	SCHEDULED				MAXIMUM
	\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS		\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS
20	\$ 1.83	\$ 1.80	\$ 1.56	\$ 1.50	\$ 2.53	60	\$19.39	\$18.21	\$17.02	\$16.61	\$31.75
21	1.83	1.80	1.56	1.50	2.53	61	21.42	20.11	18.80	18.36	34.44
22	1.83	1.80	1.56	1.50	2.53	62	23.72	22.27	20.81	20.34	37.47
23	1.83	1.80	1.56	1.50	2.53	63	26.12	24.53	22.93	22.39	40.53
24	1.83	1.80	1.56	1.50	2.53	64	28.71	26.96	25.20	24.61	43.78
25	1.83	1.80	1.56	1.50	2.53	65	31.57	29.64	27.71	27.06	47.34
26	1.83	1.80	1.56	1.50	2.53	66	34.31	32.21	30.12	29.41	51.14
27	1.83	1.80	1.56	1.50	2.53	67	37.39	35.10	32.81	32.05	55.42
28	1.83	1.80	1.56	1.50	2.53	68	40.77	38.28	35.78	34.95	60.14
29	1.83	1.80	1.56	1.50	2.53	69	43.30	40.65	38.00	37.12	65.28
30	1.83	1.80	1.56	1.50	2.53	70	47.64	44.73	41.81	40.84	71.03
31	1.83	1.80	1.56	1.50	2.53	71	55.84	51.06	46.58	45.40	77.60
32	1.83	1.80	1.56	1.50	2.53	72	62.06	58.05	51.73	50.33	84.88
33	1.83	1.80	1.56	1.50	2.53	73	69.59	65.86	57.40	55.74	92.75
34	1.90	1.86	1.63	1.56	2.76	74	78.39	74.62	63.68	61.72	101.42
35	2.03	1.99	1.74	1.68	3.06	75	88.17	84.54	70.71	68.40	110.21
36	2.16	2.11	1.85	1.77	3.32	76	98.65	95.31	78.54	75.84	119.83
37	2.34	2.28	2.01	1.94	3.62	77	109.60	105.60	87.28	84.14	130.23
38	2.48	2.41	2.12	2.05	3.82	78	121.09	116.33	96.95	93.30	141.47
39	2.66	2.59	2.29	2.22	4.09	79	133.44	127.80	107.61	103.38	153.68
40	2.87	2.76	2.47	2.39	4.35	80	147.18	140.53	119.26	114.39	166.89
41	3.10	2.99	2.69	2.59	4.67	81	162.73	154.91	131.94	126.35	185.34
42	3.38	3.25	2.92	2.82	5.04	82	180.55	169.89	145.54	139.16	205.47
43	3.69	3.54	3.20	3.10	5.49	83	200.07	184.74	160.15	152.90	225.27
44	4.01	3.84	3.49	3.38	6.00	84	222.99	201.10	176.39	168.15	246.65
45	4.37	4.16	3.79	3.69	6.60	85	245.89	218.97	194.30	184.97	268.36
46	4.71	4.48	4.11	3.99	7.27	86	271.91	238.36	213.95	203.38	286.80
47	5.13	4.87	4.47	4.35	8.12	87	296.98	259.26	235.36	223.42	315.55
48	5.63	5.32	4.92	4.80	9.17	88	325.31	281.68	258.60	245.15	344.48
49	6.18	5.83	5.41	5.28	10.35	89	352.24	305.26	283.39	268.28	373.81
50	6.79	6.37	5.95	5.81	11.66	90	383.25	329.61	309.36	292.49	398.01
51	7.53	7.07	6.61	6.45	13.09	91	416.32	354.71	336.56	317.79	416.42
52	8.35	7.84	7.33	7.16	14.66	92	452.40	380.59	365.00	344.21	452.50
53	9.26	8.69	8.12	7.93	16.34	93	493.27	407.21	394.71	371.77	493.37
54	10.30	9.67	9.04	8.82	18.19	94	543.40	434.59	425.69	400.47	543.50
55	11.44	10.73	10.04	9.80	20.14	95	566.60	462.73	453.26	426.40	568.43
56	12.74	11.96	11.18	10.92	22.25	96	594.61	492.93	482.84	454.23	626.44
57	14.22	13.35	12.47	12.19	24.51	97	655.20	566.74	555.14	522.24	684.72
58	15.75	14.78	13.82	13.50	26.72	98	738.53	599.81	587.52	552.72	739.53
59	17.50	16.42	15.36	15.00	29.18	99	780.25	633.69	620.72	583.94	781.25

NOTE: AGE IS ATTAINED AGE.

DECREASING TERM INSURANCE TO AGE 100 PLAN - For this plan, the face amount decreases while premiums remain level. The face amount decreases each year with Attained Age, as shown in Table C below. We reserve the right to change the scheduled face amount, but not lower than the minimum face amount as determined from Table C.

TABLE C
NON-TOBACCO USE
FACE AMOUNT PER \$100.00 BASIC ANNUAL PREMIUMS
THE BASIC ANNUAL PREMIUM IS THE ANNUAL PREMIUM FOR THIS PLAN
MINUS THE ANNUAL POLICY FEE OF \$75

AGE	SCHEDULED				MINIMUM	AGE	SCHEDULED				MINIMUM
	\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS		\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS
20	\$88,495	\$90,909	\$101,010	\$111,111	\$60,975	60	\$8,658	\$9,587	\$10,330	\$10,822	\$6,246
21	88,495	90,909	101,010	111,111	60,975	61	7,843	8,680	9,354	9,803	5,757
22	88,495	90,909	101,010	111,111	60,975	62	7,097	7,855	8,467	8,873	5,299
23	88,495	90,909	101,010	111,111	60,975	63	6,455	7,147	7,698	8,071	4,901
24	88,495	90,909	101,010	111,111	60,975	64	5,878	6,510	7,007	7,352	4,531
25	88,495	90,909	101,010	111,111	60,975	65	5,356	5,927	6,381	6,693	4,182
26	88,495	90,909	101,010	111,111	60,975	66	4,901	5,425	5,844	6,123	3,855
27	88,495	90,909	101,010	111,111	60,975	67	4,484	4,928	5,344	5,602	3,549
28	88,495	90,909	101,010	111,111	60,975	68	4,096	4,472	4,882	5,120	3,261
29	88,495	90,909	101,010	111,111	60,975	69	3,841	4,163	4,580	4,803	2,995
30	88,495	90,909	101,010	111,111	60,975	70	3,491	3,757	4,161	4,364	2,748
31	88,495	90,909	101,010	111,111	60,975	71	3,178	3,395	3,772	3,961	2,508
32	88,495	90,909	101,010	111,111	60,975	72	2,900	3,077	3,427	3,606	2,286
33	88,495	90,909	101,010	111,111	60,975	73	2,598	2,791	3,115	3,285	2,086
34	84,033	86,206	96,153	105,263	56,497	74	2,329	2,531	2,832	2,992	1,903
35	79,365	81,967	91,743	100,000	51,813	75	2,088	2,295	2,571	2,721	1,734
36	74,626	77,519	85,470	93,457	48,543	76	1,869	2,078	2,333	2,474	1,581
37	68,965	71,942	79,365	86,956	44,843	77	1,674	1,881	2,115	2,246	1,440
38	66,225	68,965	76,335	82,644	43,290	78	1,499	1,703	1,917	2,039	1,311
39	61,349	64,102	70,422	76,923	40,983	79	1,344	1,543	1,738	1,853	1,196
40	56,497	59,171	64,935	70,422	38,461	80	1,208	1,400	1,578	1,685	1,089
41	52,356	55,248	60,606	65,359	36,363	81	1,087	1,272	1,434	1,535	971
42	48,309	51,282	56,179	60,240	34,246	82	981	1,159	1,310	1,401	865
43	44,247	47,393	51,813	55,555	31,847	83	888	1,059	1,198	1,281	780
44	40,816	43,668	47,846	51,020	29,411	84	802	966	1,094	1,170	704
45	37,453	40,322	43,859	46,728	27,027	85	725	882	998	1,067	634
46	34,246	37,037	40,322	42,735	24,691	86	656	805	911	973	582
47	31,446	34,246	37,037	39,215	22,321	87	594	735	832	888	517
48	28,735	31,545	34,129	35,971	20,202	88	539	672	760	811	464
49	26,525	29,239	31,645	33,222	18,281	89	497	616	695	742	418
50	24,390	26,954	29,069	30,395	16,447	90	460	567	639	681	383
51	22,026	24,449	26,315	27,548	14,814	91	428	527	588	626	367
52	19,880	22,026	23,696	24,875	13,315	92	399	491	543	578	340
53	17,985	19,880	21,413	22,471	12,004	93	373	458	502	534	306
54	16,313	18,050	19,493	20,408	10,881	94	349	429	465	494	272
55	14,749	16,339	17,574	18,450	9,871	95	328	403	437	464	239
56	13,227	14,641	15,748	16,528	8,920	96	307	378	409	435	214
57	11,862	13,140	14,144	14,836	8,110	97	256	315	341	363	194
58	10,626	11,764	12,658	13,297	7,385	98	242	297	322	343	191
59	9,569	10,604	11,415	11,976	6,779	99	229	282	305	324	181
NOTE: AGE IS ATTAINED AGE.											

TABLE C (CONT'D)

**TOBACCO USE
FACE AMOUNT PER \$100.00 BASIC ANNUAL PREMIUMS
THE BASIC ANNUAL PREMIUM IS THE ANNUAL PREMIUM FOR THIS PLAN
MINUS THE ANNUAL POLICY FEE OF \$75**

AGE	SCHEDULED				MINIMUM	AGE	SCHEDULED				MINIMUM
	\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS		\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS
20	\$54,644	\$55,555	\$64,102	\$66,666	\$39,525	60	\$5,157	\$5,491	\$5,875	\$6,020	\$3,149
21	54,644	55,555	64,102	66,666	39,525	61	4,668	4,972	5,319	5,446	2,903
22	54,644	55,555	64,102	66,666	39,525	62	4,215	4,490	4,805	4,916	2,668
23	54,644	55,555	64,102	66,666	39,525	63	3,828	4,076	4,361	4,466	2,467
24	54,644	55,555	64,102	66,666	39,525	64	3,483	3,709	3,968	4,063	2,284
25	54,644	55,555	64,102	66,666	39,525	65	3,167	3,373	3,608	3,695	2,112
26	54,644	55,555	64,102	66,666	39,525	66	2,914	3,104	3,320	3,400	1,955
27	54,644	55,555	64,102	66,666	39,525	67	2,674	2,849	3,047	3,120	1,804
28	54,644	55,555	64,102	66,666	39,525	68	2,452	2,612	2,794	2,861	1,662
29	54,644	55,555	64,102	66,666	39,525	69	2,309	2,460	2,631	2,693	1,531
30	54,644	55,555	64,102	66,666	39,525	70	2,099	2,235	2,391	2,448	1,407
31	54,644	55,555	64,102	66,666	39,525	71	1,790	1,958	2,146	2,202	1,288
32	54,644	55,555	64,102	66,666	39,525	72	1,611	1,722	1,933	1,986	1,178
33	54,644	55,555	64,102	66,666	39,525	73	1,436	1,518	1,742	1,794	1,078
34	52,631	53,763	61,349	64,102	36,231	74	1,275	1,340	1,570	1,620	985
35	49,261	50,251	57,471	59,523	32,679	75	1,134	1,182	1,414	1,461	907
36	46,296	47,393	54,054	56,497	30,120	76	1,013	1,049	1,273	1,318	834
37	42,735	43,859	49,751	51,546	27,624	77	912	946	1,145	1,188	767
38	40,322	41,493	47,169	48,780	26,178	78	825	859	1,031	1,071	706
39	37,593	38,610	43,668	45,045	24,449	79	749	782	929	967	650
40	34,843	36,231	40,485	41,841	22,988	80	679	711	838	874	599
41	32,258	33,444	37,174	38,610	21,413	81	614	645	757	791	539
42	29,585	30,769	34,246	35,460	19,841	82	553	588	687	718	486
43	27,100	28,248	31,250	32,258	18,214	83	499	541	624	654	443
44	24,937	26,041	28,653	29,585	16,666	84	448	497	566	594	405
45	22,883	24,038	26,385	27,100	15,151	85	406	456	514	540	372
46	21,231	22,321	24,330	25,062	13,755	86	367	419	467	491	348
47	19,493	20,533	22,371	22,988	12,315	87	336	385	424	447	316
48	17,761	18,796	20,325	20,833	10,905	88	307	355	386	407	290
49	16,181	17,152	18,484	18,939	9,661	89	283	327	352	372	267
50	14,727	15,698	16,806	17,211	8,576	90	260	303	323	341	251
51	13,280	14,144	15,128	15,503	7,639	91	240	281	297	314	240
52	11,976	12,755	13,642	13,966	6,821	92	221	262	273	290	220
53	10,799	11,507	12,315	12,610	6,119	93	202	245	253	268	202
54	9,708	10,341	11,061	11,337	5,497	94	184	230	234	249	183
55	8,741	9,319	9,960	10,204	4,965	95	176	216	220	234	175
56	7,849	8,361	8,944	9,157	4,494	96	168	202	207	220	159
57	7,032	7,490	8,019	8,203	4,079	97	152	176	180	191	146
58	6,349	6,765	7,235	7,407	3,742	98	135	166	170	180	135
59	5,714	6,090	6,510	6,666	3,427	99	128	157	161	171	128

NOTE: AGE IS ATTAINED AGE.

RIDERS - The continuation in the new plan of any benefits provided by Rider(s) attached to this Policy which are not exchanged will be subject to the provision for continuation, if any, in each Rider. The premium for any Rider continued after exchange will be added to the premium for the new plan.

RIDER EXCHANGE AT DEATH OF INSURED - If any Insured Spouse Riders attached to this Policy are in force upon the Insured's death, they may be exchanged for a new policy to be owned by the Insured Spouse in accordance with the Exchange provision in each rider except that: (a) the exchange must be made within 30 days after the Insured's death; and (b) the effective date of the new policy will be the day We receive Notice to Us for the exchange. If the Insured Spouse dies before exchange takes effect and within 30 days after the Insured's death, We will pay to the Beneficiary of the Rider the insurance in force under the Rider at the Insured's death, less any overdue premium for the Rider.

TERM LIFE INSURANCE TO AGE 95

PREMIUMS ARE SUBJECT TO CHANGE

**EXCHANGEABLE AFTER FIVE YEARS TO ANNUAL INCREASING PREMIUM
OR DECREASING TERM INSURANCE TO AGE 100**

NONPARTICIPATING

PRIMERICA LIFE INSURANCE COMPANY

Home Office: Boston, Massachusetts
Executive Offices: 3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001

SPOUSE TERM INSURANCE RIDER

PREMIUMS ARE SUBJECT TO CHANGE

We have issued this Rider as a part of Your Policy. This Rider is subject to the provisions of the Policy. In case of conflict between this Rider and the Policy, the provisions of this Rider will control. This Rider does not have cash values or loan values.

This Rider is effective at 12:01 A.M. on the Rider Date of Issue.

BENEFIT

We will pay the Rider Face Amount, in a lump sum, to the Beneficiary of this Rider upon receiving due proof that the Insured Spouse died before the Rider Expiry Date and while this Rider was in force.

DEFINITIONS

These are some key words used in this Rider.

BENEFICIARY - The person(s) to whom the rider proceeds are payable upon the death of the Insured Spouse. Unless otherwise stated in the application or by Notice to Us (See Change of Beneficiary Provision, below), the Beneficiary of this Rider will be the Insured, if living; otherwise the estate of the Insured Spouse.

INSURED - The person whose life the Policy insures and who is named in the Policy Specifications.

INSURED SPOUSE - The person whose life this Rider insures. This person is the spouse of the Insured and is named in the Rider Specifications.

NOTICE TO US - Communication We have received from You which is acceptable to Us.

PREMIUM CLASS - The risk classification used in determining what premiums You pay.

RIDER ATTAINED AGE - The Insured Spouse's Rider Issue Age plus the number of rider years since the Rider Date.

RIDER DATE - The date shown on Rider Page 3 from which rider anniversaries, rider years and rider months are measured.

RIDER DATE OF ISSUE - The date shown on Rider Page 3 on which We issue the Rider to You. This date controls the below Incontestability and Suicide Exclusion provisions.

RIDER EXPIRY DATE - The date shown on Rider Page 3. This Rider is not in force on or after this date.

RIDER FACE AMOUNT - The amount of insurance for each rider year which is shown in Table A on Rider Page 3A.

RIDER ISSUE AGE - The Insured Spouse's age on the birthday nearest the Rider Date.

GENERAL PROVISIONS

CONSIDERATION - This Rider is issued in consideration of: (1) the application for this Rider and (2) payment of the first premium for this Rider.

PREMIUM PAYMENTS - Premiums for this Rider are payable in addition to, but under the same terms and conditions as, the premiums for the Policy. The premiums shown on Rider Page 3A are for the premium payment option You chose. Total premium amounts for all available payment options are on Policy Page 3. More frequent payments result in a higher total annualized premium. You may change the premium payment option for future premium payments upon Notice to Us. The premium payment option for this Rider must be the same premium payment option as the Policy. Premiums are not due for any period after the Insured Spouse's death, the Rider Expiry Date or when this Rider terminates.

PREMIUM CHANGES BY COMPANY - Premiums for this Rider will be the scheduled premiums shown on Rider Pages 3 and 3A, unless changed by Us. We reserve the right to change the scheduled premiums. We will not change them more often than once a year, and in no event will the scheduled premiums be greater than the maximum premiums shown on Rider Page 3A. Any such change will apply uniformly to all riders of this form issued to Insured Spouses having the same Rider Issue Age, duration, Premium Class, year, month, and state of issue; and will be based on future anticipated or emerging experience, including, but not limited to investment earnings, mortality, persistency, taxes and expenses. No change in premiums or Premium Class will occur because of deterioration of the Insured Spouse's health or change in occupation.

We will mail written notice to You at least 60 days prior to the date on which a change in Your scheduled premiums will become effective. We will send You new rider specifications pages to reflect any changes in scheduled premiums.

INCONTESTABILITY - We will not contest this Rider after it has been in force for two years during the Insured Spouse's life except for non-payment of premium and fraud in the procurement of the Rider, when permitted by applicable law in the state where the Rider is delivered or issued for delivery. The two years begin on the Rider Date of Issue.

SUICIDE EXCLUSION - If the Insured Spouse dies by suicide, while sane or insane, within two years of the Rider Date of Issue, We are only liable for the premiums paid.

REPLACED COVERAGE - If insurance coverage (excluding group coverage) is to be replaced, as shown in the application, and has terminated: (a) prior to the Insured Spouse's death, including death by suicide; and (b) between 60 days before and 60 days after the Rider Date of Issue, We will not contest the amount of the replaced coverage that would not have been contestable had it not been replaced. If it is not possible to terminate any coverage to be replaced because of its provisions within 60 days after the Rider Date of Issue, such 60-day period will be extended to the earliest possible date for the coverage to be terminated under its provisions. For example, the Insured Spouse is insured under another company's policy for \$100,000 and that policy has been in force two years. If this Rider replaced the other company's policy, We would not contest this Rider for up to \$100,000. We would, however, be able to contest any amount over \$100,000.

NONPARTICIPATION - This Rider does not participate in Our profits or surplus.

CHANGE OF BENEFICIARY - You can change a Beneficiary of this Rider by Notice to Us. You can only change a Beneficiary while the Insured Spouse is alive. A Beneficiary designated irrevocable on Our records may not be changed except with the written consent of that Beneficiary. A Beneficiary change will take effect on the date of the Notice to Us, unless otherwise specified by You. If the Insured Spouse dies before We receive this Notice, the change is effective, subject to any prior payment of proceeds.

TERMINATION - This Rider terminates and is no longer in force: (1) upon cancellation; (2) upon termination of the policy; (3) upon the death of the Insured (subject to Exchange at Death of Insured Provision); (4) upon nonpayment of premiums, in accordance with the provisions of the policy; (5) upon exchange of this Rider; or (6) on the Rider Expiry Date.

CANCELLATION - You may cancel this Rider at any time by Notice to Us. Your Rider will be canceled as of the date We receive the Notice, or, if stated in the Notice, as of a later date. If this Rider is canceled before the Rider Expiry Date and premiums have been paid in advance, We will refund any unearned portion of the premiums paid beyond the end of the rider month in which cancellation occurred.

EXCHANGE PROVISION - You may exchange this Rider at any time after it has been in force for five years to the Annual Increasing Premium Term Insurance to Age 100 Plan or the Decreasing Term Insurance to Age 100 Plan described in the Policy. The new plan will be issued at Our premium rates for that plan for the Insured Spouse's Rider Attained Age on the exchange date based on the same Premium Class shown on Rider Page 3. We will not require evidence of insurability. The new plan will take effect on the exchange date and this Rider will terminate. However, the plan's Incontestability and Suicide Exclusion provisions will be controlled by this Rider Date of Issue. We will issue either revised specifications pages or a new policy.

The following conditions are necessary for exchange: (1) We receive Notice to Us requesting an exchange; (2) the face amount of the new plan is not less than the minimum required by Us nor greater than the Face Amount in effect under this Rider on the exchange date; (3) the required premium is paid within 31 days after the exchange date; (4) the Insured Spouse is alive; (5) this Rider is in force on the exchange date; and (6) premiums for Your current Rider are not being waived.

EXCHANGE AT DEATH OF INSURED - If this Rider is in force at the Insured's death, the Insured Spouse may exchange this Rider for a new policy in accordance with the above Exchange Provision or for a new policy of the same plan type and duration, with the same issue age, premium class, and face amount as this Rider. If a new policy of the same plan type is obtained and a Spouse Waiver of Premium Rider is in force at the Insured's death, the new policy of the same plan type will include, unless otherwise directed by the Insured Spouse, a Waiver of Premium Rider with the same issue age and premium class as the Spouse Waiver of Premium Rider. If the Insured was also the Owner, then the Insured Spouse will own the new policy, notwithstanding any Contingent Owner. The exchange must be made within 60 days after the Insured's death. The issue date of the new policy will be the day We receive Notice to Us for the exchange. However, the plan's Incontestability and Suicide Exclusion provisions will be controlled by this Rider Date of Issue. If the Insured Spouse dies before exchange takes effect and within 60 days after the Insured's death, We will pay to the Beneficiary of this Rider the insurance in force under this Rider at the Insured's death, less any premium due.

EXCHANGE AT POLICY EXPIRY - If this Rider is in force at expiry of the Policy, it may be exchanged for a policy in accordance with the Exchange Provision except that: (a) the exchange must be made within 30 days after the Policy expiry date; and (b) the issue date of the policy will be the day We receive Notice to Us for the exchange.

Signed on the Rider Date of Issue at Our Executive Offices.

[]
Secretary

[]
President

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MAY 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MAY 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MAY 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 20 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-20]
PLF11AB0AR	SPOUSE TERM RIDER 20	[\$200,000]	[\$780.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$780.00	\$780.00	\$200,000.00]
[02	36	\$780.00	\$780.00	\$200,000.00]
[03	37	\$780.00	\$780.00	\$200,000.00]
[04	38	\$780.00	\$780.00	\$200,000.00]
[05	39	\$780.00	\$780.00	\$200,000.00]
[06	40	\$780.00	\$780.00	\$200,000.00]
[07	41	\$780.00	\$780.00	\$200,000.00]
[08	42	\$780.00	\$780.00	\$200,000.00]
[09	43	\$780.00	\$780.00	\$200,000.00]
[10	44	\$780.00	\$780.00	\$200,000.00]
[11	45	\$780.00	\$780.00	\$200,000.00]
[12	46	\$780.00	\$780.00	\$200,000.00]
[13	47	\$780.00	\$780.00	\$200,000.00]
[14	48	\$780.00	\$780.00	\$200,000.00]
[15	49	\$780.00	\$780.00	\$200,000.00]
[16	50	\$780.00	\$780.00	\$200,000.00]
[17	51	\$780.00	\$780.00	\$200,000.00]
[18	52	\$780.00	\$780.00	\$200,000.00]
[19	53	\$780.00	\$780.00	\$200,000.00]
[20	54	\$780.00	\$780.00	\$200,000.00]
[21	55	\$2,568.00	\$4,818.00	\$200,000.00]
[22	56	\$2,568.00	\$4,818.00	\$200,000.00]
[23	57	\$2,568.00	\$4,818.00	\$200,000.00]
[24	58	\$2,568.00	\$4,818.00	\$200,000.00]
[25	59	\$2,568.00	\$4,818.00	\$200,000.00]
[26	60	\$4,232.00	\$7,380.00	\$200,000.00]
[27	61	\$4,232.00	\$7,380.00	\$200,000.00]
[28	62	\$4,232.00	\$7,380.00	\$200,000.00]
[29	63	\$4,232.00	\$7,380.00	\$200,000.00]
[30	64	\$4,232.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MAY 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MAY 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MAY 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 10 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 10 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-10]
PLF11AB0AR	SPOUSE TERM RIDER 10	[\$200,000]	[\$392.00]

*The Scheduled Annual Premiums shown above are guaranteed for 10 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$392.00	\$392.00	\$200,000.00]
[02	36	\$392.00	\$392.00	\$200,000.00]
[03	37	\$392.00	\$392.00	\$200,000.00]
[04	38	\$392.00	\$392.00	\$200,000.00]
[05	39	\$392.00	\$392.00	\$200,000.00]
[06	40	\$392.00	\$392.00	\$200,000.00]
[07	41	\$392.00	\$392.00	\$200,000.00]
[08	42	\$392.00	\$392.00	\$200,000.00]
[09	43	\$392.00	\$392.00	\$200,000.00]
[10	44	\$392.00	\$392.00	\$200,000.00]
[11	45	\$1,026.00	\$1,626.00	\$200,000.00]
[12	46	\$1,026.00	\$1,626.00	\$200,000.00]
[13	47	\$1,026.00	\$1,626.00	\$200,000.00]
[14	48	\$1,026.00	\$1,626.00	\$200,000.00]
[15	49	\$1,026.00	\$1,626.00	\$200,000.00]
[16	50	\$1,582.00	\$2,896.00	\$200,000.00]
[17	51	\$1,582.00	\$2,896.00	\$200,000.00]
[18	52	\$1,582.00	\$2,896.00	\$200,000.00]
[19	53	\$1,582.00	\$2,896.00	\$200,000.00]
[20	54	\$1,582.00	\$2,896.00	\$200,000.00]
[21	55	\$2,568.00	\$4,818.00	\$200,000.00]
[22	56	\$2,568.00	\$4,818.00	\$200,000.00]
[23	57	\$2,568.00	\$4,818.00	\$200,000.00]
[24	58	\$2,568.00	\$4,818.00	\$200,000.00]
[25	59	\$2,568.00	\$4,818.00	\$200,000.00]
[26	60	\$4,232.00	\$7,380.00	\$200,000.00]
[27	61	\$4,232.00	\$7,380.00	\$200,000.00]
[28	62	\$4,232.00	\$7,380.00	\$200,000.00]
[29	63	\$4,232.00	\$7,380.00	\$200,000.00]
[30	64	\$4,232.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MAY 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MAY 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MAY 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 15 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 15 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-15]
PLF11AB0AR	SPOUSE TERM RIDER 15	[\$200,000]	[\$628.00]

*The Scheduled Annual Premiums shown above are guaranteed for 15 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$628.00	\$628.00	\$200,000.00]
[02	36	\$628.00	\$628.00	\$200,000.00]
[03	37	\$628.00	\$628.00	\$200,000.00]
[04	38	\$628.00	\$628.00	\$200,000.00]
[05	39	\$628.00	\$628.00	\$200,000.00]
[06	40	\$628.00	\$628.00	\$200,000.00]
[07	41	\$628.00	\$628.00	\$200,000.00]
[08	42	\$628.00	\$628.00	\$200,000.00]
[09	43	\$628.00	\$628.00	\$200,000.00]
[10	44	\$628.00	\$628.00	\$200,000.00]
[11	45	\$628.00	\$628.00	\$200,000.00]
[12	46	\$628.00	\$628.00	\$200,000.00]
[13	47	\$628.00	\$628.00	\$200,000.00]
[14	48	\$628.00	\$628.00	\$200,000.00]
[15	49	\$628.00	\$628.00	\$200,000.00]
[16	50	\$1,582.00	\$2,896.00	\$200,000.00]
[17	51	\$1,582.00	\$2,896.00	\$200,000.00]
[18	52	\$1,582.00	\$2,896.00	\$200,000.00]
[19	53	\$1,582.00	\$2,896.00	\$200,000.00]
[20	54	\$1,582.00	\$2,896.00	\$200,000.00]
[21	55	\$2,568.00	\$4,818.00	\$200,000.00]
[22	56	\$2,568.00	\$4,818.00	\$200,000.00]
[23	57	\$2,568.00	\$4,818.00	\$200,000.00]
[24	58	\$2,568.00	\$4,818.00	\$200,000.00]
[25	59	\$2,568.00	\$4,818.00	\$200,000.00]
[26	60	\$4,232.00	\$7,380.00	\$200,000.00]
[27	61	\$4,232.00	\$7,380.00	\$200,000.00]
[28	62	\$4,232.00	\$7,380.00	\$200,000.00]
[29	63	\$4,232.00	\$7,380.00	\$200,000.00]
[30	64	\$4,232.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MAY 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MAY 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MAY 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 30 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-30]
PLF11AB0AR	SPOUSE TERM RIDER 30	[\$200,000]	[\$950.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$950.00	\$950.00	\$200,000.00]
[02	36	\$950.00	\$950.00	\$200,000.00]
[03	37	\$950.00	\$950.00	\$200,000.00]
[04	38	\$950.00	\$950.00	\$200,000.00]
[05	39	\$950.00	\$950.00	\$200,000.00]
[06	40	\$950.00	\$950.00	\$200,000.00]
[07	41	\$950.00	\$950.00	\$200,000.00]
[08	42	\$950.00	\$950.00	\$200,000.00]
[09	43	\$950.00	\$950.00	\$200,000.00]
[10	44	\$950.00	\$950.00	\$200,000.00]
[11	45	\$950.00	\$950.00	\$200,000.00]
[12	46	\$950.00	\$950.00	\$200,000.00]
[13	47	\$950.00	\$950.00	\$200,000.00]
[14	48	\$950.00	\$950.00	\$200,000.00]
[15	49	\$950.00	\$950.00	\$200,000.00]
[16	50	\$950.00	\$950.00	\$200,000.00]
[17	51	\$950.00	\$950.00	\$200,000.00]
[18	52	\$950.00	\$950.00	\$200,000.00]
[19	53	\$950.00	\$950.00	\$200,000.00]
[20	54	\$950.00	\$950.00	\$200,000.00]
[21	55	\$950.00	\$4,818.00	\$200,000.00]
[22	56	\$950.00	\$4,818.00	\$200,000.00]
[23	57	\$950.00	\$4,818.00	\$200,000.00]
[24	58	\$950.00	\$4,818.00	\$200,000.00]
[25	59	\$950.00	\$4,818.00	\$200,000.00]
[26	60	\$950.00	\$7,380.00	\$200,000.00]
[27	61	\$950.00	\$7,380.00	\$200,000.00]
[28	62	\$950.00	\$7,380.00	\$200,000.00]
[29	63	\$950.00	\$7,380.00	\$200,000.00]
[30	64	\$950.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MAY 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MAY 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MAY 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 35 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-35]
PLF11AB0AR	SPOUSE TERM RIDER 35	[\$200,000]	[\$1,138.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$1,138.00	\$1,138.00	\$200,000.00]
[02	36	\$1,138.00	\$1,138.00	\$200,000.00]
[03	37	\$1,138.00	\$1,138.00	\$200,000.00]
[04	38	\$1,138.00	\$1,138.00	\$200,000.00]
[05	39	\$1,138.00	\$1,138.00	\$200,000.00]
[06	40	\$1,138.00	\$1,138.00	\$200,000.00]
[07	41	\$1,138.00	\$1,138.00	\$200,000.00]
[08	42	\$1,138.00	\$1,138.00	\$200,000.00]
[09	43	\$1,138.00	\$1,138.00	\$200,000.00]
[10	44	\$1,138.00	\$1,138.00	\$200,000.00]
[11	45	\$1,138.00	\$1,138.00	\$200,000.00]
[12	46	\$1,138.00	\$1,138.00	\$200,000.00]
[13	47	\$1,138.00	\$1,138.00	\$200,000.00]
[14	48	\$1,138.00	\$1,138.00	\$200,000.00]
[15	49	\$1,138.00	\$1,138.00	\$200,000.00]
[16	50	\$1,138.00	\$1,138.00	\$200,000.00]
[17	51	\$1,138.00	\$1,138.00	\$200,000.00]
[18	52	\$1,138.00	\$1,138.00	\$200,000.00]
[19	53	\$1,138.00	\$1,138.00	\$200,000.00]
[20	54	\$1,138.00	\$1,138.00	\$200,000.00]
[21	55	\$1,138.00	\$4,818.00	\$200,000.00]
[22	56	\$1,138.00	\$4,818.00	\$200,000.00]
[23	57	\$1,138.00	\$4,818.00	\$200,000.00]
[24	58	\$1,138.00	\$4,818.00	\$200,000.00]
[25	59	\$1,138.00	\$4,818.00	\$200,000.00]
[26	60	\$1,138.00	\$7,380.00	\$200,000.00]
[27	61	\$1,138.00	\$7,380.00	\$200,000.00]
[28	62	\$1,138.00	\$7,380.00	\$200,000.00]
[29	63	\$1,138.00	\$7,380.00	\$200,000.00]
[30	64	\$1,138.00	\$7,380.00	\$200,000.00]
[31	65	\$1,138.00	\$10,956.00	\$200,000.00]
[32	66	\$1,138.00	\$10,956.00	\$200,000.00]
[33	67	\$1,138.00	\$10,956.00	\$200,000.00]
[34	68	\$1,138.00	\$10,956.00	\$200,000.00]
[35	69	\$1,138.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

PRIMERICA LIFE INSURANCE COMPANY

Home Office: Boston, Massachusetts
Executive Offices: 3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001

INSURED TERM INSURANCE RIDER

PREMIUMS ARE SUBJECT TO CHANGE

We have issued this Rider as a part of Your Policy. This Rider is subject to the provisions of the Policy. In case of conflict between this Rider and the Policy, the provisions of this Rider will control. This Rider does not have cash values or loan values.

This Rider is effective at 12:01 A.M. on the Rider Date of Issue.

BENEFIT

We will pay the Rider Face Amount, in a lump sum, to the Beneficiary of this Rider upon receiving due proof that the Insured died before the Rider Expiry Date and while this Rider was in force.

DEFINITIONS

These are some key words used in this Rider.

BENEFICIARY - The person(s) to whom the rider proceeds are payable at the death of the Insured. This is the person(s) named in the application as the Beneficiary, unless later changed. (See Change of Beneficiary Provision, below)

INSURED - The person whose life the Policy insures and who is named in the Policy and Rider Specifications.

NOTICE TO US - Communication We have received from You which is acceptable to Us.

PREMIUM CLASS - The risk classification used in determining what premiums You pay.

RIDER ATTAINED AGE - The Insured's Rider Issue Age plus the number of rider years since the Rider Date.

RIDER DATE - The date shown on Rider Page 3 from which rider anniversaries, rider years and rider months are measured.

RIDER DATE OF ISSUE - The date shown on Rider Page 3 on which We issue the Rider to You. This date controls the below Incontestability and Suicide Exclusion provisions.

RIDER EXPIRY DATE - The date shown on Rider Page 3. This Rider is not in force on or after this date.

RIDER FACE AMOUNT - The amount of insurance for each rider year which is shown in Table A on Rider Page 3A.

RIDER ISSUE AGE - The Insured's age on the birthday nearest the Rider Date.

GENERAL PROVISIONS

CONSIDERATION - This Rider is issued in consideration of: (1) the application for this Rider and (2) payment of the first premium for this Rider.

PREMIUM PAYMENTS - Premiums for this Rider are payable in addition to, but under the same terms and conditions as, the premiums for the Policy. The premiums shown on Rider Page 3A are for the premium payment option You chose. Total premium amounts for all available payment options are on Policy Page 3. More frequent payments result in a higher total annualized premium. You may change the premium payment option for future premium payments upon Notice to Us. The premium payment option for this Rider must be the same premium payment option as the Policy. Premiums are not due for any period after the Insured's death, the Rider Expiry Date or when this Rider terminates.

PREMIUM CHANGES BY COMPANY - Premiums for this Rider will be the scheduled premiums shown on Rider Pages 3 and 3A, unless changed by Us. We reserve the right to change the scheduled premiums. We will not change them more often than once a year, and in no event will the scheduled premiums be greater than the maximum premiums shown on Rider Page 3A. Any such change will apply uniformly to all riders of this form issued to Insureds having the same Rider Issue Age, duration, Premium Class, year, month, and state of issue; and will be based on future anticipated or emerging experience, including, but not limited to investment earnings, mortality, persistency, taxes and expenses. No change in premiums or Premium Class will occur because of deterioration of the Insured's health or change in occupation.

We will mail written notice to You at least 60 days prior to the date on which a change in Your scheduled premiums will become effective. We will send You new rider specifications pages to reflect any changes in scheduled premiums.

INCONTESTABILITY - We will not contest this Rider after it has been in force for two years during the Insured's life except for non-payment of premium and fraud in the procurement of the Rider, when permitted by applicable law in the state where the Rider is delivered or issued for delivery. The two years begin on the Rider Date of Issue.

SUICIDE EXCLUSION - If the Insured dies by suicide, while sane or insane, within two years of the Rider Date of Issue, We are only liable for the premiums paid.

REPLACED COVERAGE - If insurance coverage (excluding group coverage) is to be replaced, as shown in the application, and has terminated: (a) prior to the Insured's death, including death by suicide; and (b) between 60 days before and 60 days after the Rider Date of Issue, We will not contest the amount of the replaced coverage that would not have been contestable had it not been replaced. If it is not possible to terminate any coverage to be replaced because of its provisions within 60 days after the Rider Date of Issue, such 60-day period will be extended to the earliest possible date for the coverage to be terminated under its provisions. For example, the Insured is insured under another company's policy for \$100,000 and that policy has been in force two years. If this Rider replaced the other company's policy, We would not contest this Rider for up to \$100,000. We would, however, be able to contest any amount over \$100,000.

NONPARTICIPATION - This Rider does not participate in Our profits or surplus.

CHANGE OF BENEFICIARY - You can change a Beneficiary of this Rider by Notice to Us. You can only change a Beneficiary while the Insured is alive. A Beneficiary designated irrevocable on Our records may not be changed except with the written consent of that Beneficiary. A Beneficiary change will take effect on the date of the Notice to Us, unless otherwise specified by You. If the Insured dies before We receive this Notice, the change is effective, subject to any prior payment of proceeds.

TERMINATION - This Rider terminates and is no longer in force: (1) upon cancellation; (2) upon termination of the policy; (3) upon the death of the Insured; (4) upon nonpayment of premiums, in accordance with the provisions of the policy; (5) upon exchange of this Rider; or (6) on the Rider Expiry Date.

CANCELLATION - You may cancel this Rider at any time by Notice to Us. Your Rider will be canceled as of the date We receive the Notice, or, if stated in the Notice, as of a later date. If this Rider is canceled before the Rider Expiry Date and premiums have been paid in advance, We will refund any unearned portion of the premiums paid beyond the end of the rider month in which cancellation occurred.

EXCHANGE PROVISION - You may exchange this Rider at any time after it has been in force for five years to the Annual Increasing Premium Term Insurance to Age 100 Plan or the Decreasing Term Insurance to Age 100 Plan described in the Policy. The new plan will be issued at Our premium rates for that plan for the Insured's Rider Attained Age on the exchange date based on the same Premium Class shown on Rider Page 3. We will not require evidence of insurability. The new plan will take effect on the exchange date and this Rider will terminate. However, the new plan's Incontestability and Suicide Exclusion provisions will be controlled by this Rider Date of Issue. We will issue either revised specifications pages or a new policy.

The following conditions are necessary for exchange: (1) We receive Notice to Us requesting an exchange; (2) the face amount of the new plan is not less than the minimum required by Us nor greater than the Face Amount in effect under this Rider on the exchange date; (3) the required premium is paid within 31 days after the exchange date; (4) the Insured is alive; (5) this Rider is in force on the exchange date; and (6) premiums for Your current Rider are not being waived.

EXCHANGE AT POLICY EXPIRY - If this Rider is in force at expiry of the Policy, it may be exchanged for a policy in accordance with the Exchange Provision except that: (a) the exchange must be made within 30 days after the Policy expiry date; and (b) the issue date of the policy will be the day We receive Notice to Us for the exchange.

Signed on the Rider Date of Issue at Our Executive Offices.

[]
Secretary

[]
President

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MARCH 01, 2011]
 RIDER FACE
 AMOUNT: [\$200,000] RIDER DATE: [MARCH 01, 2011]
 PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MARCH 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 20 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-20]
PLF11AC0	INSURED TERM RIDER 20	[\$200,000]	[\$780.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
 All premiums for the premium payment option You chose are shown on
 Rider Page 3A and explained in the Premium Changes by Company
 provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$780.00	\$780.00	\$200,000.00]
[02	36	\$780.00	\$780.00	\$200,000.00]
[03	37	\$780.00	\$780.00	\$200,000.00]
[04	38	\$780.00	\$780.00	\$200,000.00]
[05	39	\$780.00	\$780.00	\$200,000.00]
[06	40	\$780.00	\$780.00	\$200,000.00]
[07	41	\$780.00	\$780.00	\$200,000.00]
[08	42	\$780.00	\$780.00	\$200,000.00]
[09	43	\$780.00	\$780.00	\$200,000.00]
[10	44	\$780.00	\$780.00	\$200,000.00]
[11	45	\$780.00	\$780.00	\$200,000.00]
[12	46	\$780.00	\$780.00	\$200,000.00]
[13	47	\$780.00	\$780.00	\$200,000.00]
[14	48	\$780.00	\$780.00	\$200,000.00]
[15	49	\$780.00	\$780.00	\$200,000.00]
[16	50	\$780.00	\$780.00	\$200,000.00]
[17	51	\$780.00	\$780.00	\$200,000.00]
[18	52	\$780.00	\$780.00	\$200,000.00]
[19	53	\$780.00	\$780.00	\$200,000.00]
[20	54	\$780.00	\$780.00	\$200,000.00]
[21	55	\$2,568.00	\$4,818.00	\$200,000.00]
[22	56	\$2,568.00	\$4,818.00	\$200,000.00]
[23	57	\$2,568.00	\$4,818.00	\$200,000.00]
[24	58	\$2,568.00	\$4,818.00	\$200,000.00]
[25	59	\$2,568.00	\$4,818.00	\$200,000.00]
[26	60	\$4,232.00	\$7,380.00	\$200,000.00]
[27	61	\$4,232.00	\$7,380.00	\$200,000.00]
[28	62	\$4,232.00	\$7,380.00	\$200,000.00]
[29	63	\$4,232.00	\$7,380.00	\$200,000.00]
[30	64	\$4,232.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MARCH 01, 2011]
 RIDER FACE
 AMOUNT: [\$200,000] RIDER DATE: [MARCH 01, 2011]
 PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MARCH 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 10 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 10 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-10]
PLF11AC0	INSURED TERM RIDER 10	[\$200,000]	[\$392.00]

*The Scheduled Annual Premiums shown above are guaranteed for 10 years.
 All premiums for the premium payment option You chose are shown on
 Rider Page 3A and explained in the Premium Changes by Company
 provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$392.00	\$392.00	\$200,000.00]
[02	36	\$392.00	\$392.00	\$200,000.00]
[03	37	\$392.00	\$392.00	\$200,000.00]
[04	38	\$392.00	\$392.00	\$200,000.00]
[05	39	\$392.00	\$392.00	\$200,000.00]
[06	40	\$392.00	\$392.00	\$200,000.00]
[07	41	\$392.00	\$392.00	\$200,000.00]
[08	42	\$392.00	\$392.00	\$200,000.00]
[09	43	\$392.00	\$392.00	\$200,000.00]
[10	44	\$392.00	\$392.00	\$200,000.00]
[11	45	\$1,026.00	\$1,626.00	\$200,000.00]
[12	46	\$1,026.00	\$1,626.00	\$200,000.00]
[13	47	\$1,026.00	\$1,626.00	\$200,000.00]
[14	48	\$1,026.00	\$1,626.00	\$200,000.00]
[15	49	\$1,026.00	\$1,626.00	\$200,000.00]
[16	50	\$1,582.00	\$2,896.00	\$200,000.00]
[17	51	\$1,582.00	\$2,896.00	\$200,000.00]
[18	52	\$1,582.00	\$2,896.00	\$200,000.00]
[19	53	\$1,582.00	\$2,896.00	\$200,000.00]
[20	54	\$1,582.00	\$2,896.00	\$200,000.00]
[21	55	\$2,568.00	\$4,818.00	\$200,000.00]
[22	56	\$2,568.00	\$4,818.00	\$200,000.00]
[23	57	\$2,568.00	\$4,818.00	\$200,000.00]
[24	58	\$2,568.00	\$4,818.00	\$200,000.00]
[25	59	\$2,568.00	\$4,818.00	\$200,000.00]
[26	60	\$4,232.00	\$7,380.00	\$200,000.00]
[27	61	\$4,232.00	\$7,380.00	\$200,000.00]
[28	62	\$4,232.00	\$7,380.00	\$200,000.00]
[29	63	\$4,232.00	\$7,380.00	\$200,000.00]
[30	64	\$4,232.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MARCH 01, 2011]
 RIDER FACE
 AMOUNT: [\$200,000] RIDER DATE: [MARCH 01, 2011]
 PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MARCH 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 15 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 15 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-15]
PLF11AC0	INSURED TERM RIDER 15	[\$200,000]	[\$628.00]

*The Scheduled Annual Premiums shown above are guaranteed for 15 years.
 All premiums for the premium payment option You chose are shown on
 Rider Page 3A and explained in the Premium Changes by Company
 provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$628.00	\$628.00	\$200,000.00]
[02	36	\$628.00	\$628.00	\$200,000.00]
[03	37	\$628.00	\$628.00	\$200,000.00]
[04	38	\$628.00	\$628.00	\$200,000.00]
[05	39	\$628.00	\$628.00	\$200,000.00]
[06	40	\$628.00	\$628.00	\$200,000.00]
[07	41	\$628.00	\$628.00	\$200,000.00]
[08	42	\$628.00	\$628.00	\$200,000.00]
[09	43	\$628.00	\$628.00	\$200,000.00]
[10	44	\$628.00	\$628.00	\$200,000.00]
[11	45	\$628.00	\$628.00	\$200,000.00]
[12	46	\$628.00	\$628.00	\$200,000.00]
[13	47	\$628.00	\$628.00	\$200,000.00]
[14	48	\$628.00	\$628.00	\$200,000.00]
[15	49	\$628.00	\$628.00	\$200,000.00]
[16	50	\$1,582.00	\$2,896.00	\$200,000.00]
[17	51	\$1,582.00	\$2,896.00	\$200,000.00]
[18	52	\$1,582.00	\$2,896.00	\$200,000.00]
[19	53	\$1,582.00	\$2,896.00	\$200,000.00]
[20	54	\$1,582.00	\$2,896.00	\$200,000.00]
[21	55	\$2,568.00	\$4,818.00	\$200,000.00]
[22	56	\$2,568.00	\$4,818.00	\$200,000.00]
[23	57	\$2,568.00	\$4,818.00	\$200,000.00]
[24	58	\$2,568.00	\$4,818.00	\$200,000.00]
[25	59	\$2,568.00	\$4,818.00	\$200,000.00]
[26	60	\$4,232.00	\$7,380.00	\$200,000.00]
[27	61	\$4,232.00	\$7,380.00	\$200,000.00]
[28	62	\$4,232.00	\$7,380.00	\$200,000.00]
[29	63	\$4,232.00	\$7,380.00	\$200,000.00]
[30	64	\$4,232.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MARCH 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MARCH 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MARCH 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 30 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-30]
PLF11AC0	INSURED TERM RIDER 30	[\$200,000]	[\$950.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$950.00	\$950.00	\$200,000.00]
[02	36	\$950.00	\$950.00	\$200,000.00]
[03	37	\$950.00	\$950.00	\$200,000.00]
[04	38	\$950.00	\$950.00	\$200,000.00]
[05	39	\$950.00	\$950.00	\$200,000.00]
[06	40	\$950.00	\$950.00	\$200,000.00]
[07	41	\$950.00	\$950.00	\$200,000.00]
[08	42	\$950.00	\$950.00	\$200,000.00]
[09	43	\$950.00	\$950.00	\$200,000.00]
[10	44	\$950.00	\$950.00	\$200,000.00]
[11	45	\$950.00	\$950.00	\$200,000.00]
[12	46	\$950.00	\$950.00	\$200,000.00]
[13	47	\$950.00	\$950.00	\$200,000.00]
[14	48	\$950.00	\$950.00	\$200,000.00]
[15	49	\$950.00	\$950.00	\$200,000.00]
[16	50	\$950.00	\$950.00	\$200,000.00]
[17	51	\$950.00	\$950.00	\$200,000.00]
[18	52	\$950.00	\$950.00	\$200,000.00]
[19	53	\$950.00	\$950.00	\$200,000.00]
[20	54	\$950.00	\$950.00	\$200,000.00]
[21	55	\$950.00	\$4,818.00	\$200,000.00]
[22	56	\$950.00	\$4,818.00	\$200,000.00]
[23	57	\$950.00	\$4,818.00	\$200,000.00]
[24	58	\$950.00	\$4,818.00	\$200,000.00]
[25	59	\$950.00	\$4,818.00	\$200,000.00]
[26	60	\$950.00	\$7,380.00	\$200,000.00]
[27	61	\$950.00	\$7,380.00	\$200,000.00]
[28	62	\$950.00	\$7,380.00	\$200,000.00]
[29	63	\$950.00	\$7,380.00	\$200,000.00]
[30	64	\$950.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MARCH 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MARCH 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MARCH 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 35 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-35]
PLF11AC0	INSURED TERM RIDER 35	[\$200,000]	[\$1,138.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$1,138.00	\$1,138.00	\$200,000.00]
[02	36	\$1,138.00	\$1,138.00	\$200,000.00]
[03	37	\$1,138.00	\$1,138.00	\$200,000.00]
[04	38	\$1,138.00	\$1,138.00	\$200,000.00]
[05	39	\$1,138.00	\$1,138.00	\$200,000.00]
[06	40	\$1,138.00	\$1,138.00	\$200,000.00]
[07	41	\$1,138.00	\$1,138.00	\$200,000.00]
[08	42	\$1,138.00	\$1,138.00	\$200,000.00]
[09	43	\$1,138.00	\$1,138.00	\$200,000.00]
[10	44	\$1,138.00	\$1,138.00	\$200,000.00]
[11	45	\$1,138.00	\$1,138.00	\$200,000.00]
[12	46	\$1,138.00	\$1,138.00	\$200,000.00]
[13	47	\$1,138.00	\$1,138.00	\$200,000.00]
[14	48	\$1,138.00	\$1,138.00	\$200,000.00]
[15	49	\$1,138.00	\$1,138.00	\$200,000.00]
[16	50	\$1,138.00	\$1,138.00	\$200,000.00]
[17	51	\$1,138.00	\$1,138.00	\$200,000.00]
[18	52	\$1,138.00	\$1,138.00	\$200,000.00]
[19	53	\$1,138.00	\$1,138.00	\$200,000.00]
[20	54	\$1,138.00	\$1,138.00	\$200,000.00]
[21	55	\$1,138.00	\$4,818.00	\$200,000.00]
[22	56	\$1,138.00	\$4,818.00	\$200,000.00]
[23	57	\$1,138.00	\$4,818.00	\$200,000.00]
[24	58	\$1,138.00	\$4,818.00	\$200,000.00]
[25	59	\$1,138.00	\$4,818.00	\$200,000.00]
[26	60	\$1,138.00	\$7,380.00	\$200,000.00]
[27	61	\$1,138.00	\$7,380.00	\$200,000.00]
[28	62	\$1,138.00	\$7,380.00	\$200,000.00]
[29	63	\$1,138.00	\$7,380.00	\$200,000.00]
[30	64	\$1,138.00	\$7,380.00	\$200,000.00]
[31	65	\$1,138.00	\$10,956.00	\$200,000.00]
[32	66	\$1,138.00	\$10,956.00	\$200,000.00]
[33	67	\$1,138.00	\$10,956.00	\$200,000.00]
[34	68	\$1,138.00	\$10,956.00	\$200,000.00]
[35	69	\$1,138.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

PRIMERICA LIFE INSURANCE COMPANY

Home Office: Boston, Massachusetts
Executive Offices: 3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001

INCREASING BENEFIT SPOUSE RIDER

PREMIUMS ARE SUBJECT TO CHANGE

We have issued this Rider as a part of Your Policy. This Rider is subject to the provisions of the Policy. In case of conflict between this Rider and the Policy, the Rider provisions will control. This Rider does not have cash values or loan values.

This Rider becomes effective at 12:01 A.M. on the Rider Date of Issue.

BENEFIT

The Rider Face Amounts shown on Rider Page 3A will become effective at the beginning of each rider year as determined by the Rider Date shown on Rider Page 3, unless declined by You by Notice to Us in advance of the increase effective date. If any increase is ever declined by You, all future increases will be forfeited. In addition, if the original face amount of insurance on the Insured Spouse on the Rider Date of Issue is decreased, all future increases under this Rider will be forfeited.

If an automatic increase is declined, coverage will remain level for the remaining period of the Rider for the amount of insurance in force under this Rider prior to the declination of increased coverage.

DEFINITIONS

These are some key words used in this Rider.

BENEFICIARY - Unless otherwise stated in the application or by Notice to Us, the Beneficiary of this Rider will be the Insured, if living; otherwise, the estate of the Insured Spouse.

INSURED - The person named in the Policy Specifications whose life is insured under the Policy.

INSURED SPOUSE - The spouse of the Insured who is named in the Rider Specifications and whose life is insured under this Rider.

PREMIUM CLASS - The risk classification used in determining what premiums You pay.

RIDER ATTAINED AGE - The Insured Spouse's Issue Age plus the number of rider years elapsed since the Rider Date.

RIDER DATE - The date shown on Rider Page 3 from which rider anniversaries, rider years and rider months are measured.

RIDER DATE OF ISSUE - The date shown on Rider Page 3 on which We issue the Rider to You. This date controls the below Incontestability and Suicide Exclusion provisions.

RIDER EXPIRY DATE - This date is shown on Rider Page 3. This Rider is no longer in force on and after that date.

RIDER FACE AMOUNT - The Rider Face Amount is shown on Rider Pages 3 and 3A.

RIDER ISSUE AGE - The Insured Spouse's age on the birthday nearest the Rider Date.

GENERAL PROVISIONS

CONSIDERATION - This Rider is issued in consideration of the application for this Rider.

PREMIUM PAYMENTS - Premiums for this Rider are payable in addition to, but under the same terms and conditions as, the premiums for the Policy. The premiums shown on Rider Page 3A are for the premium payment option You chose. Total premium amounts for all available payment options are on Policy Page 3. More frequent payments result in a higher total annualized premium. You may change the premium payment option for future premium payments upon Notice to Us. The premium payment option for this Rider must be the same premium payment option as the Policy. Premiums are not due for any period after the Insured Spouse's death, the Rider Expiry Date or when this Rider terminates.

If a scheduled increase in the Rider Face Amount is declined, the rider premium will remain the same as in the year prior to such declination until the end of rider year 20.

PREMIUM CHANGES BY COMPANY - Premiums payable each year for benefits under this Rider will be the scheduled annual premiums shown on Rider Pages 3 and 3A, unless changed by Us. We will review the scheduled premiums each year. We reserve the right to change the scheduled premiums after the first rider year. We will not change them more often than once a year, and in no event will the scheduled premiums be greater than the corresponding maximum premiums shown on Rider Page 3A. Any such change will apply uniformly to all riders of this form issued to Insured Spouses having the same Rider Issue Age, duration, Premium Class, year, month, and state of issue; and will be based on future anticipated or emerging experience, including, but not limited to investment earnings, mortality, persistency, taxes and expenses. No change in premiums or Premium Class will occur because of deterioration of the Insured Spouse's health or change in occupation.

We will mail written notice to You at least 60 days prior to the date on which a change in Your scheduled premiums will become effective. We will send You revised Rider Specifications pages to reflect any change in premiums.

INCONTESTABILITY - We will not contest this Rider after it has been in force for two years during the Insured Spouse's life except for non-payment of premium and fraud in the procurement of the Rider, when permitted by applicable law in the state where the Rider is delivered or issued for delivery. The two years begin on the Rider Date of Issue.

SUICIDE EXCLUSION - If the Insured Spouse dies by suicide, while sane or insane, within two years of the Rider Date of Issue, We are only liable for the premiums paid.

NONPARTICIPATION - This Rider does not participate in Our profits or surplus.

TERMINATION - This Rider shall terminate and no longer be in force: (1) if any premium remains unpaid after the end of the grace period; (2) if the Policy terminates (subject to the Exchange at Death of Insured Provision), or is continued under a nonforfeiture provision, if any; (3) if the Policy is exchanged for a new plan of insurance; (4) on and after the Rider Expiry Date; or (5) on and after the date as of which You cancel it.

CANCELLATION - By Notice to Us by the Owner of the Policy, this Rider may be cancelled on any premium due date.

EXCHANGE PROVISION - You may exchange this Rider at any time after it has been in force for five years to the Annual Increasing Premium Term Insurance to Age 100 Plan or the Decreasing Term Insurance to Age 100 Plan described in the Policy. The new plan will be issued at Our premium rates for that plan for the Insured Spouse's Rider Attained Age on the exchange date based on the same Premium Class shown on Rider Page 3. We will not require evidence of insurability. The new plan will take effect on the exchange date and this Rider will terminate. However, the plan's Incontestability and Suicide Exclusion provisions will be controlled by this Rider Date of Issue. We will issue either revised specifications pages or a new policy.

The following conditions are necessary for exchange: (1) We receive Notice to Us requesting an exchange; (2) the face amount of the new plan is not less than the minimum required by Us nor greater than the Face Amount in effect under this Rider on the exchange date; (3) the required premium is paid within 31 days after the exchange date; (4) the Insured Spouse is alive; (5) this Rider is in force on the exchange date; and (6) premiums for Your current Rider are not being waived.

EXCHANGE AT DEATH OF INSURED - If this Rider and a Spouse Term Insurance Rider are in force at the Insured's death, the Insured Spouse may exchange this Rider to a new policy in accordance with the Exchange Provision, or if the Spouse Term Insurance Rider is exchanged for a new policy of the same plan with the same issue age, premium class, and face amount, then this Rider may be continued as part of the new policy. If the Insured was also the Owner, then the Insured Spouse will own the new policy, notwithstanding any Contingent Owner. The exchange must be made within 60 days after the Insured's death. The issue date of the new policy will be the day We receive Notice to Us for the exchange. However, the plan's Incontestability and Suicide Exclusion provisions will be controlled by this Rider Date of Issue. If the Insured Spouse dies before exchange takes effect and within 60 days after the Insured's death, We will pay to the Beneficiary of this Rider the insurance in force under this Rider at the Insured's death, less any premium due.

EXCHANGE AT POLICY EXPIRY - If this Rider is in force at expiry of the Policy, it may be exchanged for a policy in accordance with the Exchange Provision except that: (a) the exchange must be made within 30 days after the Policy expiry date; and (b) the issue date of the policy will be the day We receive Notice to Us for the exchange.

Signed on the Rider Date of Issue at Our Executive Offices.

[]
Secretary

[]
President

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MARCH 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER DATE: [MARCH 01, 2011]
[TOBACCO,NICOTINE]

RIDER EXPIRY DATE: [MARCH 01, 2071]

<u>FORM NUMBER</u>	<u>PLAN NAME</u>	<u>FIRST YEAR RIDER FACE AMOUNT*</u>	<u>FIRST YEAR SCHEDULED ANNUAL PREMIUM*</u>
PLF11AD0	INCREASING BENEFIT SPOUSE RIDER	NONE	NONE

*There is no face amount or premium for this Rider in the first Rider Year.
Subsequent Rider Face Amounts and Scheduled and Maximum Premiums are
shown on Rider Page 3A and explained in the Benefit provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$.00	\$.00	\$.00]
[02	36	\$39.00	\$39.00	\$10,000.00]
[03	37	\$78.00	\$78.00	\$20,000.00]
[04	38	\$128.80	\$128.80	\$30,000.00]
[05	39	\$183.40	\$183.40	\$40,000.00]
[06	40	\$242.10	\$242.10	\$50,000.00]
[07	41	\$305.00	\$305.00	\$60,000.00]
[08	42	\$372.40	\$372.40	\$70,000.00]
[09	43	\$444.50	\$444.50	\$80,000.00]
[10	44	\$521.50	\$521.50	\$90,000.00]
[11	45	\$603.60	\$603.60	\$100,000.00]
[12	46	\$603.60	\$603.60	\$100,000.00]
[13	47	\$603.60	\$603.60	\$100,000.00]
[14	48	\$603.60	\$603.60	\$100,000.00]
[15	49	\$603.60	\$603.60	\$100,000.00]
[16	50	\$603.60	\$603.60	\$100,000.00]
[17	51	\$603.60	\$603.60	\$100,000.00]
[18	52	\$603.60	\$603.60	\$100,000.00]
[19	53	\$603.60	\$603.60	\$100,000.00]
[20	54	\$603.60	\$603.60	\$100,000.00]
[21	55	\$1,284.00	\$2,409.00	\$100,000.00]
[22	56	\$1,284.00	\$2,409.00	\$100,000.00]
[23	57	\$1,284.00	\$2,409.00	\$100,000.00]
[24	58	\$1,284.00	\$2,409.00	\$100,000.00]
[25	59	\$1,284.00	\$2,409.00	\$100,000.00]
[26	60	\$2,116.00	\$3,690.00	\$100,000.00]
[27	61	\$2,116.00	\$3,690.00	\$100,000.00]
[28	62	\$2,116.00	\$3,690.00	\$100,000.00]
[29	63	\$2,116.00	\$3,690.00	\$100,000.00]
[30	64	\$2,116.00	\$3,690.00	\$100,000.00]
[31	65	\$3,430.00	\$5,478.00	\$100,000.00]
[32	66	\$3,430.00	\$5,478.00	\$100,000.00]
[33	67	\$3,430.00	\$5,478.00	\$100,000.00]
[34	68	\$3,430.00	\$5,478.00	\$100,000.00]
[35	69	\$3,430.00	\$5,478.00	\$100,000.00]
[36	70	\$4,473.00	\$7,103.00	\$100,000.00]
[37	71	\$5,106.00	\$7,760.00	\$100,000.00]
[38	72	\$5,805.00	\$8,488.00	\$100,000.00]
[39	73	\$6,586.00	\$9,275.00	\$100,000.00]
[40	74	\$7,462.00	\$10,142.00	\$100,000.00]

*The Rider Face Amounts and Scheduled and Maximum Premiums shown above assume increases were not declined. The Scheduled Premiums are subject to change, but may not be increased above the Maximum Premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$8,454.00	\$11,021.00	\$100,000.00]
[42	76	\$9,531.00	\$11,983.00	\$100,000.00]
[43	77	\$11,326.00	\$13,023.00	\$100,000.00]
[44	78	\$13,381.00	\$14,147.00	\$100,000.00]
[45	79	\$15,767.00	\$15,891.00	\$100,000.00]
[46	80	\$18,594.00	\$19,230.00	\$100,000.00]
[47	81	\$21,982.00	\$22,388.00	\$100,000.00]
[48	82	\$25,856.00	\$26,156.00	\$100,000.00]
[49	83	\$30,154.00	\$30,520.00	\$100,000.00]
[50	84	\$35,204.00	\$35,819.00	\$100,000.00]
[51	85	\$41,112.00	\$41,591.00	\$100,000.00]
[52	86	\$47,997.00	\$48,429.00	\$100,000.00]
[53	87	\$52,205.00	\$52,894.00	\$100,000.00]
[54	88	\$56,720.00	\$57,940.00	\$100,000.00]
[55	89	\$61,468.00	\$62,737.00	\$100,000.00]
[56	90	\$66,371.00	\$68,260.00	\$100,000.00]
[57	91	\$71,425.00	\$74,150.00	\$100,000.00]
[58	92	\$76,636.00	\$80,576.00	\$100,000.00]
[59	93	\$81,996.00	\$87,855.00	\$100,000.00]
[60	94	\$87,510.00	\$96,784.00	\$100,000.00]

*The Rider Face Amounts and Scheduled and Maximum Premiums shown above assume increases were not declined. The Scheduled Premiums are subject to change, but may not be increased above the Maximum Premiums. See Premium Changes by Company provision.

PRIMERICA LIFE INSURANCE COMPANY

Home Office: Boston, Massachusetts
Executive Offices: 3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001

INCREASING BENEFIT RIDER ON INSURED PREMIUMS ARE SUBJECT TO CHANGE

We have issued this Rider as a part of Your Policy. This Rider is subject to the provisions of the Policy. In case of conflict between this Rider and the Policy, the Rider provisions will control. This Rider does not have cash values or loan values.

This Rider becomes effective at 12:01 A.M. on the Rider Date of Issue.

BENEFIT

The Rider Face Amounts shown on Rider Page 3A will become effective at the beginning of each rider year as determined by the Rider Date shown on Rider Page 3, unless declined by You by Notice to Us in advance of the increase effective date. If any increase is ever declined by You, all future increases will be forfeited. In addition, if the original face amount of insurance on the Insured on the Rider Date of Issue is decreased, all future increases under this Rider will be forfeited.

If an automatic increase is declined, coverage will remain level for the remaining period of the Rider for the amount of insurance in force under this Rider prior to the declination of increased coverage.

DEFINITIONS

These are some key words used in this Rider.

BENEFICIARY - Unless otherwise stated in the application or by Notice to Us, the Beneficiary of this Rider will be the same as the Beneficiary of the Policy. The Beneficiary Provisions of the Policy shall apply to this Rider.

INSURED - The person named in the Policy and Rider Specifications whose life is insured under the Policy and this Rider.

PREMIUM CLASS - The risk classification used in determining what premiums You pay.

RIDER ATTAINED AGE - The Insured's Issue Age plus the number of rider years elapsed since the Rider Date.

RIDER DATE - The date shown on Rider Page 3 from which rider anniversaries, rider years and rider months are measured.

RIDER DATE OF ISSUE - The date shown on Rider Page 3 on which We issue the Rider to You. This date controls the below Incontestability and Suicide Exclusion provisions.

RIDER EXPIRY DATE - This date is shown on Rider Page 3. This Rider is no longer in force on and after that date.

RIDER FACE AMOUNT - The Rider Face Amount is shown on Rider Pages 3 and 3A.

RIDER ISSUE AGE - The Insured's age on the birthday nearest the Rider Date.

GENERAL PROVISIONS

CONSIDERATION - This Rider is issued in consideration of the application for this Rider.

PREMIUM PAYMENTS - Premiums for this Rider are payable in addition to, but under the same terms and conditions as, the premiums for the Policy. The premiums shown on Rider Page 3A are for the premium payment option You chose. Total premium amounts for all available payment options are on Policy Page 3. More frequent payments result in a higher total annualized premium. You may change the premium payment option for future premium payments upon Notice to Us. The premium payment option for this Rider must be the same premium payment option as the Policy. Premiums are not due for any period after the Insured's death, the Rider Expiry Date or when this Rider terminates.

If a scheduled increase in the Rider Face Amount is declined, the rider premium will remain the same as in the year prior to such declination until the end of rider year 20.

PREMIUM CHANGES BY COMPANY - Premiums payable each year for benefits under this Rider will be the scheduled annual premiums shown on Rider Pages 3 and 3A, unless changed by Us. We will review the scheduled premiums each year. We reserve the right to change the scheduled premiums after the first rider year. We will not change them more often than once a year, and in no event will the scheduled premiums be greater than the corresponding maximum premiums shown on Rider Page 3A. Any such change will apply uniformly to all riders of this form issued to Insureds having the same Rider Issue Age, duration, Premium Class, year, month, and state of issue; and will be based on future anticipated or emerging experience, including, but not limited to investment earnings, mortality, persistency, taxes and expenses. No change in premiums or Premium Class will occur because of deterioration of the Insured's health or change in occupation.

We will mail written notice to You at least 60 days prior to the date on which a change in Your scheduled premiums will become effective. We will send You revised Rider Specifications pages to reflect any change in premiums.

INCONTESTABILITY - We will not contest this Rider after it has been in force for two years during the Insured's life except for non-payment of premium and fraud in the procurement of the Rider, when permitted by law in the state where the Rider is delivered or issued for delivery. The two years will begin as of the Rider Date of Issue.

SUICIDE EXCLUSION - If the Insured dies by suicide, while sane or insane, within two years of the Rider Date of Issue, We are only liable for the premiums paid.

NONPARTICIPATION - This Rider does not participate in Our profits or surplus.

TERMINATION - This Rider terminates and is no longer in force: (1) upon cancellation; (2) upon termination of the policy; (3) upon the death of the Insured; (4) upon nonpayment of premiums, in accordance with the provisions of the policy; (5) upon exchange of this Rider; or (6) on the Rider Expiry Date.

CANCELLATION - By Notice to Us by the Owner of the Policy, this Rider may be cancelled on any premium due date.

EXCHANGE PROVISION - You may exchange this Rider at any time after it has been in force for five years to the Annual Increasing Premium Term Insurance to Age 100 Plan or the Decreasing Term Insurance to Age 100 Plan described in the Policy. The new plan will be issued at Our premium rates for that plan for the Insured's Rider Attained Age on the exchange date based on the same Premium Class shown on Rider Page 3. We will not require evidence of insurability. The new plan will take effect on the exchange date and this Rider will terminate. However, the new plan's Incontestability and Suicide Exclusion provisions will be controlled by this Rider Date of Issue. We will issue either revised specifications pages or a new policy.

The following conditions are necessary for exchange: (1) We receive Notice to Us requesting an exchange; (2) the face amount of the new plan is not less than the minimum required by Us nor greater than the Face Amount in effect under this Rider on the exchange date; (3) the required premium is paid within 31 days after the exchange date; (4) the Insured is alive; (5) this Rider is in force on the exchange date; and (6) premiums for Your current Rider are not being waived.

EXCHANGE AT POLICY EXPIRY - If this Rider is in force at expiry of the Policy, it may be exchanged for a policy in accordance with the Exchange Provision except that: (a) the exchange must be made within 30 days after the Policy expiry date; and (b) the issue date of the policy will be the day We receive Notice to Us for the exchange.

Signed on the Rider Date of Issue at Our Executive Offices.

[]
Secretary

[]
President

FORM NUMBER	PLAN NAME	FIRST YEAR RIDER FACE AMOUNT*	FIRST YEAR SCHEDULED ANNUAL PREMIUM*
PLF11AE0	INCREASING BENEFIT RIDER ON INSURED	NONE	NONE

3.11

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$.00	\$.00	\$.00]
[02	36	\$39.00	\$39.00	\$10,000.00]
[03	37	\$78.00	\$78.00	\$20,000.00]
[04	38	\$128.80	\$128.80	\$30,000.00]
[05	39	\$183.40	\$183.40	\$40,000.00]
[06	40	\$242.10	\$242.10	\$50,000.00]
[07	41	\$305.00	\$305.00	\$60,000.00]
[08	42	\$372.40	\$372.40	\$70,000.00]
[09	43	\$444.50	\$444.50	\$80,000.00]
[10	44	\$521.50	\$521.50	\$90,000.00]
[11	45	\$603.60	\$603.60	\$100,000.00]
[12	46	\$603.60	\$603.60	\$100,000.00]
[13	47	\$603.60	\$603.60	\$100,000.00]
[14	48	\$603.60	\$603.60	\$100,000.00]
[15	49	\$603.60	\$603.60	\$100,000.00]
[16	50	\$603.60	\$603.60	\$100,000.00]
[17	51	\$603.60	\$603.60	\$100,000.00]
[18	52	\$603.60	\$603.60	\$100,000.00]
[19	53	\$603.60	\$603.60	\$100,000.00]
[20	54	\$603.60	\$603.60	\$100,000.00]
[21	55	\$1,284.00	\$2,409.00	\$100,000.00]
[22	56	\$1,284.00	\$2,409.00	\$100,000.00]
[23	57	\$1,284.00	\$2,409.00	\$100,000.00]
[24	58	\$1,284.00	\$2,409.00	\$100,000.00]
[25	59	\$1,284.00	\$2,409.00	\$100,000.00]
[26	60	\$2,116.00	\$3,690.00	\$100,000.00]
[27	61	\$2,116.00	\$3,690.00	\$100,000.00]
[28	62	\$2,116.00	\$3,690.00	\$100,000.00]
[29	63	\$2,116.00	\$3,690.00	\$100,000.00]
[30	64	\$2,116.00	\$3,690.00	\$100,000.00]
[31	65	\$3,430.00	\$5,478.00	\$100,000.00]
[32	66	\$3,430.00	\$5,478.00	\$100,000.00]
[33	67	\$3,430.00	\$5,478.00	\$100,000.00]
[34	68	\$3,430.00	\$5,478.00	\$100,000.00]
[35	69	\$3,430.00	\$5,478.00	\$100,000.00]
[36	70	\$4,473.00	\$7,103.00	\$100,000.00]
[37	71	\$5,106.00	\$7,760.00	\$100,000.00]
[38	72	\$5,805.00	\$8,488.00	\$100,000.00]
[39	73	\$6,586.00	\$9,275.00	\$100,000.00]
[40	74	\$7,462.00	\$10,142.00	\$100,000.00]

*The Rider Face Amounts and Scheduled and Maximum Premiums shown above assume increases were not declined. The Scheduled Premiums are subject to change, but may not be increased above the Maximum Premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$8,454.00	\$11,021.00	\$100,000.00]
[42	76	\$9,531.00	\$11,983.00	\$100,000.00]
[43	77	\$11,326.00	\$13,023.00	\$100,000.00]
[44	78	\$13,381.00	\$14,147.00	\$100,000.00]
[45	79	\$15,767.00	\$15,891.00	\$100,000.00]
[46	80	\$18,594.00	\$19,230.00	\$100,000.00]
[47	81	\$21,982.00	\$22,388.00	\$100,000.00]
[48	82	\$25,856.00	\$26,156.00	\$100,000.00]
[49	83	\$30,154.00	\$30,520.00	\$100,000.00]
[50	84	\$35,204.00	\$35,819.00	\$100,000.00]
[51	85	\$41,112.00	\$41,591.00	\$100,000.00]
[52	86	\$47,997.00	\$48,429.00	\$100,000.00]
[53	87	\$52,205.00	\$52,894.00	\$100,000.00]
[54	88	\$56,720.00	\$57,940.00	\$100,000.00]
[55	89	\$61,468.00	\$62,737.00	\$100,000.00]
[56	90	\$66,371.00	\$68,260.00	\$100,000.00]
[57	91	\$71,425.00	\$74,150.00	\$100,000.00]
[58	92	\$76,636.00	\$80,576.00	\$100,000.00]
[59	93	\$81,996.00	\$87,855.00	\$100,000.00]
[60	94	\$87,510.00	\$96,784.00	\$100,000.00]

*The Rider Face Amounts and Scheduled and Maximum Premiums shown above assume increases were not declined. The Scheduled Premiums are subject to change, but may not be increased above the Maximum Premiums. See Premium Changes by Company provision.



Application For Individual Term Life Insurance

CHECK ONE: ☐ New Business ☐ Spouse Conversion ☐ Child Conversion Old Policy No. _____

1. A. Proposed Primary Insured

Print Last Name

Print First Name

MI

SSN: - M F Married

Date of Birth: - Save Age Requested

Driver's Lic. #: State:

Occupation:

If military, give pay grade:

Employer Name:

Business Telephone: -

Mobile: -

Yrs./Mos. Employed: / Gross Monthly Earnings: , .00

B. Spouse Insured (Complete only if applying for coverage)

Print Last Name

Print First Name

MI

SSN: - M F Resident State

Date of Birth: - Save Age Requested

Driver's Lic. #: State:

Occupation:

If military, give pay grade:

Employer Name:

Business Telephone: -

Mobile: -

Yrs./Mos. Employed: / Gross Monthly Earnings: , .00

2. Residence Address

Street Address

City

State ZIP Code

Telephone: - Yrs./Mos. in U.S., Primary: / Yrs./Mos. in U.S., Spouse: /

Electronic Delivery

Do you consent to electronic delivery of your policy and all of the terms contained in the "Consent to electronic Delivery of Policy and Related Disclosures on page 13, which you have read and received? By checking yes, you will receive Electronic Policy Delivery. YES NO

Owner Email Address

3. Replacement

Do you have any existing life insurance with this Company or another company that you intend to replace or change (i.e. lapse, convert to a non-forfeiture option, reduce, surrender or otherwise terminate)?

Yes No

If yes, replacement must be indicated on Page 3 of the application in the Existing Insurance Information Section.

4. Total Amount of Coverage

Primary: , .00 Spouse: , .00

Child Units: CWA Amount: , .

BAR CODE

Life Insurance Product and Class Selection	Write in Face Amount for Base & Rider	Other Benefits
TermNow (Rapid Issue)* <input type="checkbox"/> Non-Tobacco/Non-Nicotine <input type="checkbox"/> Tobacco/Nicotine *Up to 250,000 per life, depending on age.	35 yr. \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00 30 yr. \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00 20 yr. \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00 15 yr. \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00 10 yr. \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00 Total Amount of Coverage Primary \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00	<input type="checkbox"/> Waiver of Premium (not available after age 55) <input type="checkbox"/> _____ Note: Longest year plan selected will serve as base plan.
Custom Advantage (Traditional UW)** <input type="checkbox"/> Preferred <input type="checkbox"/> Non-Tobacco/Non-Nicotine <input type="checkbox"/> Tobacco/Nicotine **Minimum of 150,000 per life depending on age. Requires Bodily fluid, including Blood.		

Life Insurance Product and Class Selection		Write in Face Amount for Base & Rider		Other Benefits	
TermNow (Rapid Issue)*				<input type="checkbox"/> Waiver of Premium (not available after age 55)	
<input type="checkbox"/> Non-Tobacco/Non-Nicotine		35 yr.	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00		
<input type="checkbox"/> Tobacco/Nicotine		30 yr.	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00		
*Up to 250,000 per life, depending on age.		20 yr.	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00		
Custom Advantage (Traditional UW)**		15 yr.	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00		
<input type="checkbox"/> Preferred		10 yr.	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00		
<input type="checkbox"/> Non-Tobacco/Non-Nicotine		Total Amount of Coverage			
<input type="checkbox"/> Tobacco/Nicotine		Spouse	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> ,000.00		
**Minimum of 150,000 per life depending on age. Requires Bodily fluid, including Blood.					

10. Primary Insured Beneficiaries

Beneficiaries to share equally unless otherwise specified. If a group is named as beneficiary, you must name each individual of this group.

IF A MINOR (below the age of 18) IS LISTED BELOW, PLEASE UNDERSTAND THAT FINANCIAL GUARDIANSHIP FOR THE MINOR'S ESTATE WILL BE REQUIRED BEFORE POLICY PROCEEDS CAN BE RELEASED.

IF THIS IS AN IRREVOCABLE BENEFICIARY, CHECK HERE ☐

List PRIMARY INSURED'S Beneficiaries	Relationship to Primary Insured	Social Security Number	% (must equal 100)
		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
List PRIMARY INSURED'S Contingent Beneficiaries	Relationship to Primary Insured	Social Security Number	% (must equal 100)
		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

11. Spouse Beneficiaries - Unless indicated below, the Beneficiary for any Spouse coverage will be the Primary Insured. Beneficiaries to share equally unless otherwise specified. IF A MINOR (below the age of 18) IS LISTED BELOW, PLEASE UNDERSTAND THAT FINANCIAL GUARDIANSHIP FOR THE MINOR'S ESTATE WILL BE REQUIRED BEFORE POLICY PROCEEDS CAN BE RELEASED.

IF THIS IS AN IRREVOCABLE BENEFICIARY, CHECK HERE ☐

List SPOUSE RIDER INSURED'S Beneficiaries	Relationship to Spouse Rider Insured	Social Security Number	% (must equal 100)
		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
List SPOUSE RIDER INSURED'S Contingent Beneficiaries	Relationship to Spouse Rider Insured	Social Security Number	% (must equal 100)
		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

12. Existing Insurance Information - List below details of ALL Life Insurance or Annuities in force, including Group (GRP) and Individual (IND), on the Proposed Primary Insured, Spouse and Children (IF PROPOSED FOR COVERAGE) and whether the Insurance or Annuities will be replaced or changed. If additional space is needed, please attach another sheet.

Existing Insurance Company Full Name & Address (City,State,Zip)	Name of Person(s) Covered	Policy or Certificate # of Existing Coverage	Face Amount	Month, Day, Year Issued	Replaced? GRP or IND?
					Yes <input type="checkbox"/> No <input type="checkbox"/> GRP <input type="checkbox"/> IND <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/> GRP <input type="checkbox"/> IND <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/> GRP <input type="checkbox"/> IND <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/> GRP <input type="checkbox"/> IND <input type="checkbox"/>

1 A.Primary Insured Weight Information Height: <input style="width: 20px;" type="text"/> ft. <input style="width: 20px;" type="text"/> in. <input style="width: 20px;" type="text"/> lbs.	B. Spouse Insured Weight Information Height: <input style="width: 20px;" type="text"/> ft. <input style="width: 20px;" type="text"/> in. <input style="width: 20px;" type="text"/> lbs.
C. Primary Insured Tobacco Information Has tobacco/nicotine been used in the past 5 years? Yes <input style="width: 20px;" type="text"/> No <input style="width: 20px;" type="text"/> If yes, check when last used: <input style="width: 20px;" type="text"/> within 1 year <input style="width: 20px;" type="text"/> 1-2 years <input style="width: 20px;" type="text"/> 2-3 years <input style="width: 20px;" type="text"/> 3-5 years.	D. Spouse Insured Tobacco Information Has tobacco/nicotine been used in the past 5 years? Yes <input style="width: 20px;" type="text"/> No <input style="width: 20px;" type="text"/> If yes, check when last used: <input style="width: 20px;" type="text"/> within 1 year <input style="width: 20px;" type="text"/> 1-2 years <input style="width: 20px;" type="text"/> 2-3 years <input style="width: 20px;" type="text"/> 3-5 years.

If telephone interview is necessary, what is your language preference? English Spanish

	<u>Primary</u>	<u>Spouse</u>	<u>Children</u>
2. Within the past 10 years has any person named in this application been treated for or diagnosed by a member of the medical profession with:			
a. Hypertension (high blood pressure)? (If "YES," must answer questions 1. and 2. below)	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
1. Are you taking 3 or more medications for hypertension (high blood pressure)?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
2. Have you been hospitalized within the past 3 years for hypertension (high blood pressure)?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
b. Stroke; diabetes; cancer; tumor; paralysis; multiple sclerosis; lupus; scleroderma; rheumatoid arthritis; muscular dystrophy; leukemia; lymphoma (Hodgkin's and Non-Hodgkin's); seizure; mental or nervous disorder?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
c. Any disease or disorder of the heart (excluding hypertension); liver (including hepatitis); pancreas; blood; brain; kidneys; circulatory; respiratory; gastrointestinal; neurological or nervous system?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
d. Acquired Immune Deficiency Syndrome (AIDS) or immune deficiency related disorders; or tested positive for Human Immunodeficiency Virus (HIV)?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
Within the past 10 years, has any person named in this application:			
e. Received professional counseling or medical treatment due to the use of alcohol or drugs (including prescription drugs)?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
f. Used illegal or illegally obtained drugs (including prescription drugs) or been convicted of drug or alcohol related charges?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
g. Been convicted of a felony; been incarcerated for any felony; or do you have any pending felony charges?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
3. Within the past 5 years, has any person named in this application:			
Received disability benefits for a period of 6 months or longer or currently receiving disability benefits (except for partial military disability or maternity)?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
4. Within the past 3 years, has any person named in this application:			
a. Received a DUI or DWI (driving under the influence or driving while intoxicated) or two or more moving violations?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
b. Flown as a pilot, student pilot, or crew member on any aircraft (other than commercial); or intend to do so in the future?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
c. Engaged in any recreational activities, such as: scuba diving (excluding snorkeling), mountain climbing; parachuting; hang gliding; or racing of automobiles, motorcycles, snowmobiles or boats, or intend to do so in the future?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
5. Within the past 12 months, has any person named in this application:			
a. Been hospitalized for any reason for more than 24 hours other than childbirth?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
b. Received medical testing with results not yet reported?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
c. Been advised to receive medical testing; or treatment that has not yet been completed?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
6. Does any person named in this application:			
Have any plans within the next two years to reside outside of the United States or Canada for 30 days or longer?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>
7. Has any person named in this application:			
Had a parent who died prior to age 65 as a result of cardiovascular illness or cancer?	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>	Y <input style="width: 20px;" type="text"/> N <input style="width: 20px;" type="text"/>

For all "YES" answers for the Child Riders, list names, diagnoses, dates and details of treatment.

Question #	Child's Name	Diagnoses, dates and details of treatment
		FOR CHILDREN ONLY

APPLICATION AGREEMENT

By signing this Application, We (Applicant and/all Insured(s)) represent that; **(1)** All of the information in this Application and all additions to this Application (such as examination reports and amendments) are true and complete to the best of Our knowledge. **(2)** The statements and answers in this Application and any other evidence of insurability are the basis for and become a part of the policy, and no information about Us will be considered to have been given unless it is stated in this Application. **(3)** Upon delivery, either by paper or electronically, we will review it to confirm that our responses are true and complete. **(4)** Prior to accepting any issued coverage, We will also review all policy and disclosure documents in the policy kit, including the sales illustration or policy summary. These documents show any premium and benefit changes that occur over the period of coverage. **(5)** We acknowledge that Primerica Life Insurance Company relies on this information to determine whether, and on what terms, to issue a policy. Our acceptance of our policy will be considered our confirmation of the accuracy of our Application information. If the Application information is false, incorrect, or incomplete, we will immediately inform our agent or the Company. **(6)** We will accept return of any amount paid with this Application if the Company does not approve this Application. We understand that if within 2 years of policy issue date, any information is determined to be false, incomplete or incorrect, our policy may be rendered void.

CONDITIONAL COVERAGE

We understand and agree that, but for Conditional Coverage, no insurance will be in effect until a policy is issued on this Application and delivered to and accepted by Us and the first premium due is paid in full while We are alive. Conditional coverage occurs when all of the following conditions are met:

(1) All of the information in the Application and any additions to the application must be true and complete; (2) The proposed insureds must be a standard risk according to the Company's underwriting rules; (3) All items concerning insurability (including, but not limited to, the results of medical examinations or body fluid studies and attending physician statements) must be received; (4) At least one full month's premium (but not more than the amount required to purchase \$500,000 of insurance for each insured exclusive of any riders) for the policy applied for must be received with the Application; and (5) If the proposed insureds dies by suicide, while sane or insane, before the policy is issued, we are only liable for the premiums paid.

EFFECTIVE DATE OF CONDITIONAL COVERAGE

Any Conditional Coverage will become effective on the date the Application is signed, or the date the Company receives the results of all required tests and exams or other requested information, whichever is later.

CONDITIONAL COVERAGE AMOUNT AND LIMIT

The amount of insurance provided under this Conditional Coverage is the amount applied for and for which current premium has been paid, but not exceeding \$500,000 for each proposed insured.



INFORMED CONSENT AND PHYSICIAN NOTIFICATION INFORMATION FOR AIDS VIRUS (HIV) TESTING

If you wish to preauthorize another person for notification of abnormal test results, please provide the name and address below. We encourage you to authorize a physician or other health care provider for the purpose of discussing test results.

NAME, ADDRESS AND PHONE # OF PHYSICIAN OR HEALTH CARE PROVIDER (Primary Insured):

[Redacted Name Field]

Name

[Redacted Street Address Field]

Street Address

[Redacted City Field]

City

[Redacted State Field]

State

[Redacted ZIP Code Field]

ZIP Code

Telephone: [Redacted Phone Field]

NAME, ADDRESS AND PHONE # OF PHYSICIAN OR HEALTH CARE PROVIDER (Spouse Insured):

[Redacted Name Field]

Name

[Redacted Street Address Field]

Street Address

[Redacted City Field]

City

[Redacted State Field]

State

[Redacted ZIP Code Field]

ZIP Code

Telephone: [Redacted Phone Field]

INFORMED CONSENT:

I have read and I understand the NOTICE AND CONSENT FORM FOR AIDS VIRUS (AIDS) TESTING that appears on Page 15 of this application. I voluntarily consent to the testing and disclosure as described on the Notice, including disclosure to the person, if any, indicated above. I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

I understand that I am responsible to avail myself for any necessary retesting, and if I choose not to do so, I authorize the Company to consider my inaction as my request to withdraw my application for insurance.

HIV/HIA Barcode
(HOME OFFICE USE)

METHOD OF BILLING*

*You may save money by paying the premium on an annual basis. Semi-annual, quarterly, and monthly premiums include additional premium charges. Whether you will save money depends upon a number of factors, including the interest rate applicable to your savings or other account and/or the interest or other cost to you of borrowing money from a third party to make an annual premium payment rather than periodic payments. If you would like additional information, including information about the cost of our periodic payments, please contact your sales representative.

AUTHORIZATION FOR IMMEDIATE FUNDS TRANSFERS

If you have submitted a payment along with this Application, you authorize Primerica Life to immediately deduct from your checking/saving account the CWA amount on page 1 of this Application. Additionally, if you have chosen to pay the premiums for this policy monthly, you authorize Primerica Life to continue to deduct from your checking/savings account, on a monthly basis, for premium payments according to the specifications page(s) of your policy. These authorizations will remain in effect for 3-10 business days after Primerica Life actually receives written revocation by you. If any debt is dishonored for any reason, Primerica Life shall not have any liability whatsoever, even if the dishonor results in the forfeiture of insurance. **You understand that your account is subject to immediate draft upon Application submission to Primerica Life's Home Office.**

CHOICE OF BILLING

☐ Monthly Bank Draft - Draft Day
 ☐ Annual Direct Bill
 ☐ Semi Annual Direct
 ☐ Quarterly Direct Bill

☐ Monthly Government Allotment
 ☐ Active
 ☐ Retired
 Branch:

If Government Allotment, Social Security Number of Payor: - -

If MONTHLY BANK DRAFT is selected, this section MUST be completed, even if C.O.D. is requested.

Tape a Blank VOIDED CHECK for all drafts from CHECKING account.

Complete the following if draft is from a SAVINGS account, CHECK HERE ☐:

Name on Account**

Bank/Credit Union Name

Bank Transit Routing #

The first two digits of the routing # must be 01-through 12 or 21 through 32. Do not use a deposit slip to verify the # because it may contain internal routing numbers that are not part of the actual routing number.

Bank Account Number

The account # can be up to 19 digits. Omit spaces, hyphens and special symbols. Be sure not to include the check #.

Relationship to Insured

****If you are NOT the Primary Insured, the Spouse Rider Insured or the Policy Owner, as indicated on Page 2, you MUST complete the name and signature for the Bank Account Owner on Page 8.**

Intentionally left blank.

APPLICATION AGREEMENT, ACKNOWLEDGEMENTS AND AUTHORIZATIONS

By Our signatures below, We (Owner, Applicant and all Insureds) understand and agree that:

Primerica offers two term life insurance policy series that provide the same death benefit at certain ages and face amounts. Neither have cash value. The Custom Advantage Series may offer insurance at a lower cost but requires more underwriting requirements, including a paramedical examination and bodily fluid (blood and urine) testing. The TermNow Series offers insurance through a streamlined underwriting process that typically does not require bodily fluid testing. We have applied for the policy we want.

In the sale or service of Primerica Insurance, Primerica agents represent Primerica Life Insurance Company and may provide services to Us for Primerica Life Insurance Company. Agents do not have the authority to accept risk, pass on insurability, or make void, waive or change any conditions or provisions of this Application, policy or receipt.

If applying on a paper application we have received pages 10-15. If applying electronically, we have received a disclosure booklet.

We have read, understand and accept the terms of the: Application Agreement and Conditional Coverage; HIPAA Authorization; Disclosure for Motor Vehicle Reports, Investigative Consumer Reports and MIB, Inc.; Authorizations for Electronic Funds Payments; Consent to Electronic Delivery of Policy and Related Documents; Advance Premium Deposits Agreement Disclosure; Terminal Illness Accelerated Benefit Disclosure; Increasing Benefit Rider Disclosure; and, Notice and Consent Form for AIDS Virus (HIV) Testing.

We authorize: the Company to request investigative consumer reports and motor vehicle reports on Us; and the Company and its reinsurers to request our medical information from MIB, Inc. and its members.

By choosing to pay premiums through monthly bank draft, We authorize the Company to immediately deduct premiums directly from the account indicated in this Application as described in the "Authorization for Electronic Funds Payments".

By choosing to pay additional premium under the Advance Premiums Deposit Agreement, the additional premium amount will be deducted directly from the account indicated in this Application. This amount will be deducted along with any initial premium paid with this Application and also continuing monthly bank drafts, or added to Our periodic premium bill.

A Sales Illustration is a disclosure document that includes policy costs, benefits and other important information. No matching Sales Illustration was used in this sale. If a policy is issued, a matching Sales Illustration will be provided with the policy. Instead of a Sales Illustration, you may receive a Statement of Policy Cost and Benefit Information.

The approval of insurance for the proposed insured(s) is based on the representations made regarding use of tobacco or nicotine, responses to medical questions and other application information. False representations will result in a denial of coverage in a claims investigation and may be considered insurance fraud.

Dated In on - -
State Month Day Year

→
Signature of Proposed Primary Insured

→
Signature of Owner (if other than Proposed Primary Insured)

→
Signature of Spouse (if proposed for coverage)

→
Signature of Authorized Signer of
Bank Checking/Savings Account (if not included above)

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION
For Use and Disclosure of Protected Health Information

By Our signatures below or by my electronic signature, if the electronic application process is used:

(1) We (Owner, Applicant and/all Insureds) authorize Primerica Life Insurance Company, its affiliates, (collectively the "Company"), reinsurers, and authorized representatives, including Agents, insurance support organizations and service providers to receive our health information; (2) We acknowledge that health information may include information about prescription histories, the diagnosis, treatment and prognosis of any physical or mental condition and the use of drugs or alcohol, but not psychotherapy notes; (3) We authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, Veteran's Administration, government facility, pharmacy benefit manager, insurance company, clearinghouse, or other entity or person ("Providers") to disclose our health information; (4) We acknowledge that this Authorization may be relied upon to determine our eligibility for insurance, to obtain reinsurance, to administer any claim for insurance benefits or for any other business purpose not otherwise prohibited, including but not limited to any activities related to coverage or benefits or to support the business operations of the Company; (5) We acknowledge that this Authorization expires two (2) years from the date it is signed; (6) We acknowledge that we may revoke this Authorization at any time by sending written notice to the Company's address, however, any revocation will not apply retroactively or prevent the Company from contesting a claim for insurance benefits or the policy itself; (7) We acknowledge that if we refuse to sign this Authorization, a Provider may not refuse to provide treatment or payment for health care services, however the Company may not be able to process this application or, if coverage is issued, make any benefit payments; (8) We acknowledge that information disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy of health information; and (9) We acknowledge that a photographic copy of this Authorization, including a photographic or electronic copy of Our signature, is valid as the original and We may receive a copy of this Authorization after it is signed.

→
Signature of Primary Insured

Date - -

→
Signature of Spouse (if proposed for coverage)

Date - -

CONTACT ME AT THIS NUMBER

Suite #

RVP Fax Number

Intentionally left blank.

APPLICATION AGREEMENT

By signing this Application, We (Applicant and/all Insured(s)) represent that **(1)** All of the information in this Application and all additions to this Application (such as examination reports and amendments) are true and complete to the best of Our knowledge. **(2)** The statements and answers in this Application and any other evidence of insurability are the basis for and become a part of the policy, and no information about Us will be considered to have been given unless it is stated in this Application. **(3)** Upon delivery, either by paper or electronically, we will review it to confirm that our responses are true and complete. **(4)** Prior to accepting any issued coverage, We will also review all policy and disclosure documents in the policy kit, including the sales illustration or policy summary. These documents show any premium and benefit changes that occur over the period of coverage. **(5)** We acknowledge that Primerica Life Insurance Company relies on this information to determine whether, and on what terms, to issue a policy. Our acceptance of our policy will be considered our confirmation of the accuracy of our Application information. If the Application information is false, incorrect, or incomplete, we will immediately inform our agent or the Company. **(6)** We will accept return of any amount paid with this Application if the Company does not approve this Application. We understand that if within 2 years of policy issue date, any information is determined to be false, incomplete or incorrect, our policy may be rendered void.

CONDITIONAL COVERAGE

We understand and agree that no insurance will be in effect before a policy is issued unless all of the following conditions are met:

(1) All of the information in the Application and any additions to the Application must be true and complete; **(2)** The proposed insureds must be a standard risk according to the Company's underwriting rules; **(3)** All items concerning insurability (including, but not limited to, the results of medical examinations or body fluid studies and attending physician statements) must be received; **(4)** At least one full month's premium (but not more than the amount required to purchase \$500,000 of insurance for each insured exclusive of any riders) for the policy applied for must be received with the Application; and **(5)** If the proposed insureds dies by suicide, while sane or insane, before the policy is issued, we are only liable for the premiums paid.

EFFECTIVE DATE OF CONDITIONAL COVERAGE

Any Conditional Coverage will become effective on the date the Application is signed, or the date the Company receives the results of all required tests and exams or other requested information, whichever is later.

CONDITIONAL COVERAGE AMOUNT AND LIMIT

The amount of insurance provided under this conditional coverage is the amount applied for and for which premium has been paid, but not exceeding \$500,000 for each proposed insured.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION For Use and Disclosure of Protected Health Information

By Our signatures below or by my electronic signature, if the electronic application process is used:

- (1)** We (Owner, Applicant and/all Insureds) authorize Primerica Life Insurance Company, its affiliates, (collectively the "Company"), reinsurers, and authorized representatives, including Agents, insurance support organizations and service providers to receive our health information;
- (2)** We acknowledge that health information may include information about prescription histories, the diagnosis, treatment and prognosis of any physical or mental condition and the use of drugs or alcohol, but not psychotherapy notes;
- (3)** We authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, Veteran's Administration, government facility, pharmacy benefit manager, insurance company, clearinghouse, or other entity or person ("Providers") to disclose our health information;
- (4)** We acknowledge that this Authorization may be relied upon to determine our eligibility for insurance, any claim for insurance benefits for any other business purpose; not otherwise prohibited, including but not limited to any activities related to coverage or benefits or to support the business operations of the company;
- (5)** We acknowledge that this Authorization expires two (2) years from the date it is signed;
- (6)** We acknowledge that we may revoke this Authorization at any time by sending written notice to the Company's address, however, any revocation will not apply retroactively or prevent the Company from contesting a claim for insurance benefits or the policy itself;
- (7)** We acknowledge that if we refuse to sign this Authorization, a Provider may not refuse to provide treatment or payment for health care services, however the Company may not be able to process this application or, if coverage is issued, make any benefit payments;
- (8)** We acknowledge that information disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy of health information; and
- (9)** We acknowledge that a photographic copy of this Authorization, including a photographic or electronic copy of our signature, is valid as the original and may receive a copy of this Authorization after it is signed.



Signature of Primary Insured

Date - -



Signature of Spouse (if proposed for coverage)

Date - -

DISCLOSURE FOR MOTOR VEHICLE REPORTS, INVESTIGATIVE CONSUMER REPORTS AND MIB, INC.

As part of the Company's regular underwriting procedure, the Company may obtain a Motor Vehicle Report (MVR) showing detailed driving history and an Investigative Consumer Report (ICR), which will contain personal information concerning your character, habits, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. If an ICR is obtained, personal interviews with your neighbors, friends, associates and acquaintances may be conducted. In the event that an ICR is obtained, you understand that you may request to be interviewed in connection with the ICR and that a right of access and correction exists with respect to the ICR and all personal information collected. Upon written request to the Company at [3120 Breckinridge Boulevard, Duluth, Ga. 30099-0001], further detailed information on the nature and scope of both the MVR and ICR will be provided.

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief Report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at [866-692-6901 (TTY 866-346-3642)]. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

The Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

INCREASING BENEFIT RIDER DISCLOSURE:

Primerica Life policies offer a unique protection benefit, the Increasing Benefit Rider. This coverage is provided to our clients, Insured and Spouse, who are under the insurance age of 56 and issued non-rated coverage. This rider offers an automatic 10% increase in the face amount coverage issued for 10 years. No additional underwriting is required. Each coverage increase comes with a premium increase which is shown in the issued policy. The maximum additional coverage under the Increasing Benefit Rider is \$500,000. Increases will occur on policy anniversaries, beginning at the start of the second year. Before each increase, a notice will be sent Your address of record describing the new coverage and premium. You may decline any increase. If any annual increase is ever declined, all future increases will be discontinued.

TERMINAL ILLNESS ACCELERATED BENEFIT DISCLOSURE

This Benefit is not a long term care policy.

The Benefit provides that if You become terminally ill with a life expectancy of six months or less, the Owner may choose to request the Accelerated Benefit. This Benefit provides an accelerated payment of 40% of Your death benefit under the Policy and/or Rider not to exceed a maximum of \$250,000. If the terminally ill insured also has a Disability Waiver of Premium Benefit Rider or Spouse Disability Waiver of Premium Benefit Rider, the accelerated payment is 70% of Your death benefit under the Policy and/or Rider not to exceed a maximum of \$400,000.

The Accelerated Benefit payment will only be paid upon a diagnosis of a Terminal Illness, which is a noncorrectable medical condition that with reasonable medical certainty, will result in Your death in six months or less from the date of the Physician Statement.

There is a one time administrative fee of \$200.00 plus interest. The interest rate is stated in the Benefit.

Payment of this Benefit will result in a lien against the proceeds of your policy. For example, if you have a policy with a Face Amount of \$100,000, you may apply for \$40,000. You will be paid the \$40,000 upon approval of your claim. Assuming the annual interest rate is 3% and death occurs four months after the Accelerated Benefit is paid, \$40,000 plus the \$200.00 administrative fee plus 3% for four months on \$40,200, for a total of \$40,602, will be deducted from the death benefit proceeds.

Payment of the Accelerated Benefit will have no effect on the amount of future payments, if any, required under this policy.

If you do not have a waiver of premium, you are still obligated for future premiums.

ANY ACCELERATED BENEFIT PAID UNDER THIS POLICY MAY BE TAXABLE. A PERSONAL TAX ADVISOR SHOULD BE CONSULTED.

PAYMENT OF ANY ACCELERATED BENEFIT MAY ALSO ADVERSELY AFFECT THE RECIPIENT'S ELIGIBILITY FOR MEDICAID AND OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS.

THIS DISCLOSURE IS NOT A CONTRACT. IT IS INTENDED ONLY AS A SUMMARY OF THE BENEFIT PROVISIONS. IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS AND RESTRICTIONS.



CONSENT TO ELECTRONIC DELIVERY OF POLICY AND RELATED DISCLOSURES

By consenting to Electronic Policy Delivery on page 1 of this Application, you agree to electronic delivery of your Primerica Life insurance policy and related materials, as well as each of the following terms:

Access and Delivery of Your Policy

If your policy is issued, you will receive an email from us at the below email address letting you know that your policy is available at my.primerica.com. You agree to promptly access and view your policy once you receive this email. Your right to cancel your policy, receive a complete refund, and our right to contest a claim based on statements in your application may depend on when you receive your policy. You are considered to have received your policy when we notify you at the below email address and tell you that your policy is available. Until a policy is issued and delivered to you at my.primerica.com, only Conditional Coverage, if any, exists.

Scope of Communications To Be Provided in Electronic Form

You agree that we may provide you with any communications that we may choose to make available in electronic format, to the extent allowed by law, unless and until you withdraw your consent as described below. We may also continue sending paper communications to you. Your consent to receive electronic communications includes, but is not limited to, all notices, disclosures, authorizations, acknowledgements and other documents relating to your life insurance application and policy.

Electronic Form and Hardware/Software Requirements

Your policy and other information to be provided will be in pdf format. You acknowledge that you have access to the internet and can open materials sent in pdf format. To obtain free pdf software, go to www.adobe.com. The computer hardware and software used to access the Internet is all you will need to view your life insurance policy and other information. To retain a copy of these materials, you may save them, print them or email them to where you can save or print them. To save an electronic copy, you may need up to 13,000 bytes per page. You may also view your policy and other information at any time by logging onto my.primerica.com.

How to Update Your Email Address

To update your email address either email us at PLIC@primerica.com or write to us at [3120 Breckinridge Boulevard, Duluth, GA 30099] and tell us your previous email address, your new email address and policy number.

How to Withdraw Consent or Request Paper Copies

If you would like to receive a paper copy of your policy and related disclosures or to withdraw consent to receive future notices and disclosures in electronic form, you must either email us at PLIC@primerica.com or write to us at [3120 Breckinridge Boulevard, Duluth, GA 30099] and tell us your full name, email address, US Postal address, telephone number and policy number.

Troubleshooting

If you have trouble accessing my.primerica.com to view your policy and related disclosures, you may contact us at 1-866-643-9270.

ADVANCE PREMIUM DEPOSITS AGREEMENT DISCLOSURE

By choosing to pay an additional amount towards your premiums on Page 2, You are authorizing the Company to either directly bill You or collect from Your account that amount. The balance of these payments may not exceed \$5,000 or the maximum permitted under state law (provided that no additional requirements are necessary), whichever is less. If the balance of Your Advance Premium Deposits is less than \$10.00 and no advance premium deposits have been made within the last 12 months, We may return the balance to You. Upon written request, at no charge, You may withdraw a minimum of at least \$100, or the entire balance amount, whichever is less. You will receive an annual statement showing Your balance, Your transactions and any interest earned.

ANNUAL INTEREST – You will earn interest on the balance of Your Advance Premium Deposits based in part on current market conditions. The interest rate is variable, but will not be less than the Benchmark Rate, which is the rate published on the website <http://www.imoney.net.com/retail-money-funds/index.aspx> for the Retail Rate National Averages, Savings and Money Market Accounts, “Regular Savings \$10k”. The published rate as of the last business day of a month will be the effective Benchmark Rate for the following month (for example, the effective Benchmark Rate for September would be the rate published as of the last business day of August on the imoney.net website). The interest earned on Your Advance Premium Deposits is taxable. You should consult a tax advisor. The interest rate You earn on Your Advance Premium Deposits is not tied to, and may be less than, Primerica Life Insurance Company’s earnings on its general account. Interest rates may change without notice. You may obtain the current rate by calling Our toll-free number, [1-800-257-4725, Monday through Friday between 8:00 a.m. and 5:00 p.m. Eastern Standard Time.]

At the end of each Policy Year in which there is a balance in the advance premium deposits, We will credit interest based on the lesser of: 1) the existing balance of the advance premium deposits, or 2) the average balance during the policy year just completed. We reserve the right to make changes to these terms and conditions, including selecting a different Benchmark Rate on which to base interest rates credited. In the event of changes, notice of the proposed changes will be sent to You. You will have 60 days to agree to these changes, otherwise You affirm these changes.

AUTOMATIC WITHDRAWAL OF DEPOSITS UPON PREMIUM DEFAULT – Unless otherwise instructed by You in writing, if any premium under the Policy remains unpaid on the date of default or any extended payment offer, whichever is later, We will withdraw from the advance premium deposits, if sufficient, the amount of such premium necessary to pay the premium due based on the then current premium payment schedule and apply such amount for payment thereof. Your policy will continue to be in lapse mode and the balance of Your Advance Premium Deposits will be returned to You if the balance is insufficient to cover the premium due on the then current premium payment schedule.

TERMINATION AND SETTLEMENT – Upon termination of Your policy by reason other than death of the Insured, You will receive a check for the balance of the advance premiums plus any interest accumulated. In the event of the death of the Insured the then present balance of any advance premium deposits plus any interest earned will be paid to the beneficiary.

THE SAFETY OF YOUR ADVANCE PREMIUM DEPOSITS BALANCE – Any advance premium deposits balances are held by and remain an asset of Primerica Life Insurance Company. These balances are not insured by the Federal Deposit Insurance Corporation (FDIC); however, they are protected by state guaranty funds, up to state coverage limits (generally \$300,000).

THE BALANCE OF YOUR ADVANCE PREMIUM DEPOSITS FUNDS – We assume no responsibility whatsoever as to how the funds in Your Advance Premium Deposits balance are applied, except as described for in AUTOMATIC WITHDRAWAL OF DEPOSITS UPON PREMIUM DEFAULT above. It is Your responsibility to consider whether and when to adjust Your premium payment schedule to a less frequent basis in order to reduce overall premium costs.

QUESTIONS OR TO STOP THE COLLECTIONS OF ADVANCE PREMIUMS – If You would like to stop the collection of advance premiums or if You have a question or need more information, call Our toll-free number, [1-800-257-4725, Monday through Friday between 8:00 a.m. and 5:00 p.m. Eastern Standard Time.]

NOTICE AND CONSENT FORM FOR AIDS VIRUS (HIV) TESTING

To evaluate your eligibility for insurance or insurance benefits, it is requested that you consent to be tested for the AIDS virus (HIV). By signing and dating this Application on page 8, you agree that this test may be performed and that underwriting decisions will be based on the test results.

DISCLOSURE OF TEST RESULTS:

All test results will be treated confidentially. The results of the test will be reported to Primerica Life Insurance Company. Results of the tests will not otherwise be disclosed except as allowed by law or as stated below.

MEANING OF TEST RESULTS:

While positive HIV antibody test results do not mean that you have AIDS, they do mean that you may be at increased risk of developing AIDS or AIDS-related conditions. The test is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus.

Positive HIV antibody test results could adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

RELEASE OF RESULTS:

The results of this test may be released to the following:

- (1) the proposed insured;
- (2) the person legally authorized to consent to the test;
- (3) a licensed physician, medical practitioner, or other person designated by the proposed insured;
- (4) an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular proposed insured;
- (5) a reinsurer, if the reinsurer is involved in the underwriting process, under procedures that are designed to assure confidentiality;
- (6) persons who have the responsibility to make underwriting decisions on behalf of the insurer; or
- (7) insurer's legal counsel who needs such information to effectively represent the insurer in regard to matters concerning the proposed insured.

The insurer may contact you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may want to discuss the results.

CONSENT:

I have read and I understand this Notice and Consent Form. I voluntarily consent to testing and disclosure as described above. I understand that I have the right to request and receive a copy of this form. A photocopy of this form will be as valid as the original.



**POLICY CHANGE APPLICATION FOR
INDIVIDUAL TERM LIFE INSURANCE**

Policy Number

CHECK ALL THAT APPLY: ☐ End of Term ☐ Change of Coverage ☐ Transfer of Ownership ☐ Reinstatement
☐ Primary Swap ☐ Child Rider Change ☐ Other

1. A. PRIMARY INSURED – Name as it appears on Driver's License

Last Name
First Name MI
SSN - - M F
Date of Birth - -
Occupation
Gross Monthly Earnings \$, .00
Driver's License State
Telephone - -
Mobile - -

B. SPOUSE RIDER INSURED – Name as it appears on Driver's License

Last Name
First Name MI
SSN - - M F
Date of Birth - -
Occupation
Gross Monthly Earnings \$, .00
Driver's License State
Telephone - -
Mobile - -

Primary Insured's Email Address

C. POLICY OWNER – Unless indicated otherwise, Primary Insured is the Policy Owner.

If Primary Insured is the Policy Owner, check here: ☐ If Spouse Rider Insured is the Policy Owner, check here: ☐

Has the address changed? YES ☐ NO ☐ (If "YES," provide new address.)

Street Address
City State ZIP Code

If Policy Owner is not the Primary Insured or Spouse Rider Insured, complete the following information:

Last Name First Name MI

Has the address changed? YES ☐ NO ☐

Street Address
City State ZIP Code

SSN - - Date of Birth - -

Telephone - - Mobile - -

Policy Owner Email Address

REPLACEMENT

Has or will any existing life insurance or annuities be replaced or changed (i.e., lapsed; converted to a non-forfeiture option; reduced; surrendered; or otherwise terminated)? YES ☐ NO ☐ (If "YES", complete REPLACEMENT requirements on page 7, section 12)

<h3 style="margin: 0;">PRIMARY INSURED</h3> <p>Term Life Insurance Plans and Amounts</p> <p><input type="checkbox"/> NO CHANGE to current Primary Insured's Current Coverage</p> <hr/> <p>PRIMARY INSURED'S EXISTING COVERAGE</p> <p><input type="checkbox"/> Preferred <input type="checkbox"/> Non-Tobacco/Non-Nicotine <input type="checkbox"/> Tobacco/Nicotine</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Plan[†]</th> <th style="width: 25%;">Term</th> <th style="width: 50%;">Amount</th> </tr> </thead> <tbody> <tr><td>Base Plan</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> </tbody> </table> <p>**IBR <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> NONE Waiver of Premium <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	Plan [†]	Term	Amount	Base Plan		\$	Rider		\$	Rider		\$	Rider		\$	Rider		\$	<h3 style="margin: 0;">SPOUSE RIDER INSURED</h3> <p>Term Life Insurance Plans and Amounts</p> <p><input type="checkbox"/> NO CHANGE to current Spouse Rider Insured's Current Coverage</p> <p><input type="checkbox"/> DELETE Spouse Rider Insured Coverage</p> <hr/> <p>SPOUSE RIDER INSURED'S EXISTING COVERAGE</p> <p><input type="checkbox"/> Preferred <input type="checkbox"/> Non-Tobacco/Non-Nicotine <input type="checkbox"/> Tobacco/Nicotine</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Plan[†]</th> <th style="width: 25%;">Term</th> <th style="width: 50%;">Amount</th> </tr> </thead> <tbody> <tr><td>Base Plan</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> </tbody> </table> <p>**IBR <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> NONE Waiver of Premium <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	Plan [†]	Term	Amount	Base Plan		\$	Rider		\$	Rider		\$	Rider		\$	Rider		\$	Rider		\$																																																																									
Plan [†]	Term	Amount																																																																																																															
Base Plan		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															
Plan [†]	Term	Amount																																																																																																															
Base Plan		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															
<p>PROPOSED PRODUCT AND CLASS SELECTION</p> <p>TermNow (Rapid Issue) Up to 250,000 per life, depending on age</p> <p><input type="checkbox"/> Non-Tobacco/Non-Nicotine <input type="checkbox"/> Tobacco/Nicotine</p> <p>Custom Advantage (Traditional UW)</p> <p>Minimum of 150,000 per life, depending on age. Requires Bodily fluid, including Blood</p> <p><input type="checkbox"/> Preferred</p> <p><input type="checkbox"/> Non-Tobacco/Non-Nicotine <input type="checkbox"/> Tobacco/Nicotine</p>	<p>PROPOSED PRODUCT AND CLASS SELECTION</p> <p>TermNow (Rapid Issue) Up to 250,000 per life, depending on age</p> <p><input type="checkbox"/> Non-Tobacco/Non-Nicotine <input type="checkbox"/> Tobacco/Nicotine</p> <p>Custom Advantage (Traditional UW)</p> <p>Minimum of 150,000 per life, depending on age. Requires Bodily fluid, including Blood</p> <p><input type="checkbox"/> Preferred</p> <p><input type="checkbox"/> Non-Tobacco/Non-Nicotine <input type="checkbox"/> Tobacco/Nicotine</p>																																																																																																																
<p>WRITE IN FACE AMOUNT FOR BASE & RIDER</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%;">35 yr.</td> <td style="width: 10%;">\$</td> <td style="width: 20%;"><input type="text"/></td> <td style="width: 10%;">,</td> <td style="width: 20%;"><input type="text"/></td> <td style="width: 10%;">,</td> <td style="width: 25%;"><input type="text"/></td> <td style="width: 10%;">,000.00</td> </tr> <tr> <td>30 yr.</td> <td>\$</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,000.00</td> </tr> <tr> <td>20 yr.</td> <td>\$</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,000.00</td> </tr> <tr> <td>15 yr.</td> <td>\$</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,000.00</td> </tr> <tr> <td>10 yr.</td> <td>\$</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,000.00</td> </tr> <tr> <td colspan="8">Total Amount of Coverage</td> </tr> <tr> <td>Primary</td> <td>\$</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,000.00</td> </tr> </table>	35 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00	30 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00	20 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00	15 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00	10 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00	Total Amount of Coverage								Primary	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00	<p>WRITE IN FACE AMOUNT FOR BASE & RIDER</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 15%;">35 yr.</td> <td style="width: 10%;">\$</td> <td style="width: 20%;"><input type="text"/></td> <td style="width: 10%;">,</td> <td style="width: 20%;"><input type="text"/></td> <td style="width: 10%;">,</td> <td style="width: 25%;"><input type="text"/></td> <td style="width: 10%;">,000.00</td> </tr> <tr> <td>30 yr.</td> <td>\$</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,000.00</td> </tr> <tr> <td>20 yr.</td> <td>\$</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,000.00</td> </tr> <tr> <td>15 yr.</td> <td>\$</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,000.00</td> </tr> <tr> <td>10 yr.</td> <td>\$</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,000.00</td> </tr> <tr> <td colspan="8">Total Amount of Coverage</td> </tr> <tr> <td>Primary</td> <td>\$</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,</td> <td><input type="text"/></td> <td>,000.00</td> </tr> </table>	35 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00	30 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00	20 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00	15 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00	10 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00	Total Amount of Coverage								Primary	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00
35 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00																																																																																																										
30 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00																																																																																																										
20 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00																																																																																																										
15 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00																																																																																																										
10 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00																																																																																																										
Total Amount of Coverage																																																																																																																	
Primary	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00																																																																																																										
35 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00																																																																																																										
30 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00																																																																																																										
20 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00																																																																																																										
15 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00																																																																																																										
10 yr.	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00																																																																																																										
Total Amount of Coverage																																																																																																																	
Primary	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,000.00																																																																																																										
<p>OTHER PRODUCT AND CLASS SECTIONS</p> <p><input type="checkbox"/> Preferred <input type="checkbox"/> Non-Tobacco/Non-Nicotine <input type="checkbox"/> Tobacco/Nicotine</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Plan[†]</th> <th style="width: 25%;">Term</th> <th style="width: 50%;">Amount</th> </tr> </thead> <tbody> <tr><td>Base Plan</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> </tbody> </table> <p><input type="checkbox"/> CONTINUE IBR (<i>Unless indicated, IBR will continue.</i>)</p> <p>**IBR</p> <p><input type="checkbox"/> STOP any future IBR increases <input type="checkbox"/> DELETE IBR</p> <p><input type="checkbox"/> *Waiver of Premium <input type="checkbox"/> DELETE Waiver of Premium</p>	Plan [†]	Term	Amount	Base Plan		\$	Rider		\$	Rider		\$	Rider		\$	Rider		\$	<p>OTHER PRODUCT AND CLASS SECTIONS</p> <p><input type="checkbox"/> Preferred <input type="checkbox"/> Non-Tobacco/Non-Nicotine <input type="checkbox"/> Tobacco/Nicotine</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Plan[†]</th> <th style="width: 25%;">Term</th> <th style="width: 50%;">Amount</th> </tr> </thead> <tbody> <tr><td>Base Plan</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> <tr><td>Rider</td><td></td><td>\$</td></tr> </tbody> </table> <p><input type="checkbox"/> CONTINUE IBR (<i>Unless indicated, IBR will continue.</i>)</p> <p>**IBR</p> <p><input type="checkbox"/> STOP any future IBR increases <input type="checkbox"/> DELETE IBR</p> <p><input type="checkbox"/> *Waiver of Premium <input type="checkbox"/> DELETE Waiver of Premium</p>	Plan [†]	Term	Amount	Base Plan		\$	Rider		\$	Rider		\$	Rider		\$	Rider		\$																																																																												
Plan [†]	Term	Amount																																																																																																															
Base Plan		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															
Plan [†]	Term	Amount																																																																																																															
Base Plan		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															
Rider		\$																																																																																																															

[†] Plan: May require additional Underwriting to include blood/Rapid Issue.

03.11

3. ADVANCED PREMIUM DEPOSITS AGREEMENT (APDA)

☐ **ADD** PRIMERICA FREEDOM ACCUMULATION BENEFIT (APDA) \$,,.00 per billing period

4. CHILD RIDER COVERAGE **NO CHANGE** to current Child Rider Coverage **DELETE** Child Rider Coverage

Current Units Proposed Units* (Maximum 25 units for Child Rider coverage; 1 unit equals \$1,000 in coverage)

ADD Child

DELETE Child

Last Name

First Name

MI

SSN

Date of Birth

YES

NO

Resides with Primary?

ft

in

Height

Weight

Relationship to Applicant

ADD Child

DELETE Child

Last Name

First Name

MI

SSN

Date of Birth

YES

NO

Resides with Primary?

ft

in

Height

Weight

Relationship to Applicant

ADD Child

DELETE Child

Last Name

First Name

MI

SSN

Date of Birth

YES

NO

Resides with Primary?

ft

in

Height

Weight

Relationship to Applicant

ADD Child

DELETE Child

Last Name

First Name

MI

SSN

Date of Birth

YES

NO

Resides with Primary?

ft

in

Height

Weight

Relationship to Applicant

ADD Child

DELETE Child

Last Name

First Name

MI

SSN

Date of Birth

YES

NO

Resides with Primary?

ft

in

Height

Weight

Relationship to Applicant

List additional children on page 7; in the Additional Comments/Special Requests section.

* Medical questions: must be answered for each proposed insured child who is not automatically covered under the terms of the Child Rider.
* Medical questions: must also be answered for any increases to Child Rider coverage.

5. REINSTATEMENT

A new 2-year contestable period begins with reinstatement; regardless of the election made below.

☐ **ORIGINAL DATE REQUIRED:** All back due premiums

☐ ***REDATE REQUIRED:** Submit either the current mode of premium payment or authorization for Monthly Bank Draft** A new anniversary date will be given. Your insurance age may change and your premiums may increase.

** Complete Method of Billing section on page 9. **Refer to Authorizations for Electronic Funds Payments on page 13 for terms of the Electronic Funds Transfer.*

6. NAME CHANGE ☐ Policy Owner** ☐ Primary Insured ☐ Spouse Rider Insured ☐ Child Rider

Legal Documentation Required for a FULL NAME Change (both FIRST and LAST names)

Prior Name

New Name

Date - - ☒

Signature of Person whose name has changed (Not required for Child)

Date of Birth - -

Reason for Change (if other than marriage or divorce)

*** Policy Owner: must complete Policy Owner General Information on page 1, section 1C, if name change.*

7. PRIMARY/ SPOUSE SWAP

New Beneficiary Designation is REQUIRED. See page 6, section 11. Unless new Beneficiary Designations are made, benefits will be paid according to the policy.

A Primary/Spouse Swap DOES NOT change the ownership of this policy. To change ownership, the "Transfer of Ownership" section below must be completed. If Waiver of Premium is requested, NEW Primary Insured MUST answer Medical Questions on page 5.

NEW PRIMARY INSURED List coverage for the NEW Primary Insured on page 2.

Last Name First Name MI SSN - -

NEW SPOUSE RIDER INSURED List coverage for the NEW Spouse Rider Insured on page 2.

Last Name First Name MI SSN - -

8. TRANSFER OF OWNERSHIP ☐ Check if Ownership change with a Primary Swap

CURRENT OWNER:

I, the present Owner of the Policy indicated on page 1, transfer ownership of said Policy, along with all rights, title and interest in said

Policy to
Name of New Owner

NEW OWNER MUST COMPLETE THE FOLLOWING:

SSN - - Date of Birth - -

Relationship to Insured

Street Address

City State ZIP Code

Telephone - - Mobile - -

Current Owner and New Owner: must sign on page 10.

The Company shall not be responsible for the validity of this Transfer of Ownership

POLICY NUMBER

Your answers to the following questions determine your eligibility and rate for insurance coverage. False or misleading answers to these questions will result in a denial of coverage in a contestability claim.

9. MEDICAL/CLASSIFICATION QUESTIONS. Must be completed on; all coverage INCREASES; ADDITIONS; all EXCHANGES to a plan where Underwriting is required; REINSTATEMENTS; requests for an UPGRADE TO PREFERRED RATES; and RECONSIDERATIONS. Answer the following questions for: Primary Insured, and if applicable, Spouse Rider Insured and Children.

1 A. Primary Insured's Weight Information Height: <input type="text"/> ft. <input type="text"/> in. <input type="text"/> lbs.	B. Spouse Rider Insured's Weight Information Height: <input type="text"/> ft. <input type="text"/> in. <input type="text"/> lbs.
C. Primary Insured's Tobacco Information Has tobacco/nicotine been used in the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If "YES", check when last used: <input type="checkbox"/> within 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-3 years <input type="checkbox"/> 3-5 years.	D. Spouse Rider Insured's Tobacco Information Has tobacco/nicotine been used in the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If "YES", check when last used: <input type="checkbox"/> within 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-3 years <input type="checkbox"/> 3-5 years.

If telephone interview is necessary, what is your language preference? ☐ English ☐ Spanish

2. Within the past 10 years has any person named in this application been treated for or diagnosed by a member of the medical profession with:	Primary	Spouse	Children
a. Hypertension (high blood pressure)? (If "YES", must answer questions 1. and 2. below.)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
1. Are you taking 3 or more medications for hypertension (high blood pressure)?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Have you been hospitalized within the past 3 years for hypertension (high blood pressure)?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
b. Stroke; diabetes; cancer; tumor; paralysis; multiple sclerosis; lupus; scleroderma; rheumatoid arthritis; muscular dystrophy; leukemia; lymphoma (Hodgkin's and Non-Hodgkin's); seizure, mental or nervous disorder?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
c. Any disease or disorder of the heart (excluding hypertension); liver (including hepatitis); pancreas; blood; brain; kidneys; circulatory; respiratory; gastrointestinal; neurological or nervous system?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
d. Acquired Immune Deficiency Syndrome (AIDS) or immune deficiency related disorders; or tested positive for Human Immunodeficiency Virus (HIV)?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Within the past 10 years, has any person named in this application:			
e. Received professional counseling or medical treatment due to the use of alcohol or drugs (including prescription drugs)?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
f. Used illegal or illegally obtained drugs (including prescription drugs); or been convicted of drug or alcohol related charges?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
g. Been convicted of a felony; been incarcerated for any felony; or do you have any pending felony charges?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
3. Within the past 5 years, has any person named in this application:			
Received disability benefits for a period of 6 months or longer or currently receiving disability benefits (except for partial military disability or maternity)?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
4. Within the past 3 years, has any person named in this application:			
a. Received a DUI or DWI (driving under the influence or driving while intoxicated) or two or more moving violations?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
b. Flown as a pilot; student pilot; or crew member on any aircraft (other than commercial); or intend to do so in the future?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
c. Engaged in any recreational activities, such as: scuba diving (excluding snorkeling); mountain climbing; parachuting; hang gliding; or racing of automobiles, motorcycles, snowmobiles or boats; or intend to do so in the future?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
5. Within the past 12 months, has any person named in this application:			
a. Been hospitalized for any reason for more than 24 hours, other than childbirth?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
b. Received medical testing with results not yet reported?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
c. Been advised to receive medical testing; or treatment that has not yet been completed?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
6. Does any person named in this application:			
Have any plans within the next two years to reside outside of the United States or Canada for 30 days or longer?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
7. Has any person named in this application:			
Had a parent who died prior to age 65 as a result of cardiovascular illness or cancer?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

10. For all "YES" answers for the Child Riders, list names, diagnoses, dates and details of treatment.

Question #	Child's Name	Diagnoses, dates and details of treatment
		FOR CHILDREN ONLY

POLICY NUMBER

11. BENEFICIARIES ONLY complete if CHANGE in Beneficiary Designation(s). Unless a change in Beneficiary Designation is made, previous Designations will apply.

All Beneficiary Designations and elections of any settlement options on the Policy indicated on page 1 are hereby revoked; and the proceeds payable under said Policy are to be paid to the following named person(s):

IF A MINOR (below the age of 18) IS LISTED BELOW, PLEASE UNDERSTAND THAT FINANCIAL GUARDIANSHIP FOR THE MINOR’S ESTATE WILL BE REQUIRED BEFORE POLICY PROCEEDS CAN BE RELEASED.

Unless otherwise indicated below, all Beneficiary Designations are REVOCABLE.

If this is an IRREVOCABLE BENEFICIARY* check here ☐

*** Irrevocable Beneficiaries’ rights CANNOT be cancelled or changed without their consent. If changing the current Irrevocable Beneficiary, the current Irrevocable Beneficiary must sign on page 10 or sign a letter consenting to the change.**

Beneficiary for PRIMARY INSURED’S Coverage

Beneficiaries to share equally, unless otherwise specified. Primary Insured’s Contingent Beneficiary is an alternate beneficiary designation; to receive the proceeds if there is no living Primary Beneficiary on the Primary Insured’s date of death.

List PRIMARY INSURED’S Beneficiaries	Relationship to PRIMARY INSURED	Social Security Number	% (must equal 100)
		<div><div></div><div></div><div></div><div></div> - <div></div><div></div> - <div></div><div></div><div></div><div></div></div>	
		<div><div></div><div></div><div></div><div></div> - <div></div><div></div> - <div></div><div></div><div></div><div></div></div>	
List PRIMARY INSURED’S Contingent Beneficiaries	Relationship to PRIMARY INSURED	Social Security Number	% (must equal 100)
		<div><div></div><div></div><div></div><div></div> - <div></div><div></div> - <div></div><div></div><div></div><div></div></div>	
		<div><div></div><div></div><div></div><div></div> - <div></div><div></div> - <div></div><div></div><div></div><div></div></div>	

List additional Beneficiary Designations on page 7, in the Additional Comments/Special Requests section.

Beneficiary for SPOUSE RIDER INSURED’S Coverage

Beneficiaries to share equally, unless otherwise specified. Spouse Rider Insured’s Contingent Beneficiary is an alternate beneficiary designation; to receive the proceeds if there is no living Spouse Rider Beneficiary on the Spouse Rider Insured’s date of death. The Beneficiary for the Spouse Rider Insured or any Child Riders will be the Primary Insured, unless otherwise listed.

List SPOUSE RIDER INSURED’S Beneficiaries	Relationship to SPOUSE RIDER INSURED	Social Security Number	% (must equal 100)
		<div><div></div><div></div><div></div><div></div> - <div></div><div></div> - <div></div><div></div><div></div><div></div></div>	
		<div><div></div><div></div><div></div><div></div> - <div></div><div></div> - <div></div><div></div><div></div><div></div></div>	
List SPOUSE RIDER INSURED’S Contingent Beneficiaries	Relationship to SPOUSE RIDER INSURED	Social Security Number	% (must equal 100)
		<div><div></div><div></div><div></div><div></div> - <div></div><div></div> - <div></div><div></div><div></div><div></div></div>	
		<div><div></div><div></div><div></div><div></div> - <div></div><div></div> - <div></div><div></div><div></div><div></div></div>	

List additional Beneficiary Designations on page 7, in the Additional Comments/Special Requests section.

12. EXISTING INSURANCE AND REPLACEMENT INFORMATION

List below details of ALL Life Insurance or Annuities in force, including Group (GRP) and Individual (IND); on the Proposed Primary Insured; Spouse Rider Insured and Children (IF PROPOSED FOR COVERAGE); and whether the Insurance or Annuities will be replaced or changed. If additional space is needed, please attach another sheet, or list in section 12 below.

Has or will any existing life insurance or annuities be: (a) replaced or changed (i.e. lapsed; converted to a non-forfeiture option; reduced; surrendered; or otherwise terminated); or (b) will a Primerica Life Insurance policy be exchanged to a new base plan within 5 years of the original issue date? *Please answer this question in the last column in the table below.*

Agent must answer the Replacement question on page 1 and sign/date on page 11.

Existing Insurance Company, Full Name & Address, City, State, ZIP	Name of Person(s) Covered	Policy or Certificate # of Existing Coverage	Face Amount	Month, Day, Year Issued	Replaced? GRP or IND?
			\$		Yes <input type="checkbox"/> No <input type="checkbox"/> GRP <input type="checkbox"/> IND <input type="checkbox"/>
			\$		Yes <input type="checkbox"/> No <input type="checkbox"/> GRP <input type="checkbox"/> IND <input type="checkbox"/>
			\$		Yes <input type="checkbox"/> No <input type="checkbox"/> GRP <input type="checkbox"/> IND <input type="checkbox"/>

13. ADDITIONAL COMMENTS/SPECIAL REQUESTS

Intentionally left blank.

INFORMED CONSENT AND PHYSICIAN NOTIFICATION INFORMATION FOR FOR AIDS VIRUS (HIV) TESTING

If you wish to preauthorize another person for notification of abnormal test results, please provide the name and address below. We encourage you to authorize a physician or other health care provider for the purpose of discussing test results.

NAME, ADDRESS AND PHONE # OF PHYSICIAN OR HEALTH CARE PROVIDER (Primary Insured):

Name

Street Address

City State ZIP Code

Telephone - -

NAME, ADDRESS AND PHONE # OF PHYSICIAN OR HEALTH CARE PROVIDER (Spouse Rider Insured):

Name

Street Address

City State ZIP Code

Telephone - -

INFORMED CONSENT

I have read and I understand the NOTICE AND CONSENT FORM FOR AIDS VIRUS (HIV) TESTING that appears on Page 17 of this application. I voluntarily consent to testing and disclosure as described on the Notice, including disclosure to the person, if any, indicated above. I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

I understand that I am responsible to avail myself for any necessary retesting, and if I choose not to do so, I authorize the Company to consider my inaction as my request to withdraw my application for insurance.

HIV/HIS Barcode
(HOME OFFICE USE)

Intentionally left blank.



METHOD OF BILLING

If you are not changing your method of billing or draft date and have been and will continue to have your account drafted monthly, the terms of the Authorizations for Electronic Funds Transfers-EFT (see page 13) will continue to apply. Your account is subject to being drafted for a different amount to reflect the new premium under this policy if you are changing your coverage.

COMPLETE ONLY IF YOU ARE CHANGING YOUR METHOD OF BILLING.

CHOICE OF BILLING Complete ONLY if changing payment option.

Monthly Bank Draft - Draft Day *Refer to Authorizations for Electronic Funds payments on page 13.

■ Annual Direct Bill ■ Semi Annual Direct Bill ■ Quarterly Direct Bill

■ Monthly Government Allotment - Service member must inform finance center of any changes in premium amount.

If Government Allotment, Social Security Number of Payer - -

The actual premium may be different than your quoted premium. You may save money by paying the premium on an annual basis. Semi-annual, quarterly, and monthly premiums include additional premium charges. Whether you will save money depends upon a number of factors, including; the interest rate applicable to your savings or other account; and/or, the interest or other cost to you of borrowing money from a third party to make an annual premium payment rather than periodic payments. If you would like additional information, including information about the cost of our periodic payments, please ask your Primerica Agent.

If you have chosen to pay premiums through monthly bank draft, by your signature on page 10, you are authorizing Primerica Life Insurance Company to deduct premiums directly from the account indicated below and according to the terms of the "Authorizations for Electronic Funds Payments" on page 13. Premium rates are subject to change.

If MONTHLY BANK DRAFT is selected, this section MUST be completed.

IF POSSIBLE, please tape a SIGNED VOIDED CHECK for all bank drafts.

ONLY COMPLETE IF CHECK IS NOT ATTACHED ABOVE AND YOU ARE CHANGING YOUR MONTHLY BANK DRAFT INFORMATION.

Name on Account **

Bank/Credit Union Name

Bank Transit Routing #

The first two digits of the routing # must be 01 through 12 or 21 through 32. Do not use a deposit slip to verify the # because it may contain internal routing numbers that are not part of the actual routing number.

Bank Account #

The account # can be up to 19 digits. Omit spaces, hyphens and special symbols. Be sure not to include the check #.

CHECKING ACCOUNT SAVINGS ACCOUNT

****If you are NOT the Primary Insured, the Spouse Rider Insured or the Policy Owner, as indicated on page 1, you MUST sign as the Bank Account Owner on page 10.**

BIL or PAC Barcode
(HOME OFFICE USE)

POLICY NUMBER PLA-116 AR

APPLICATION AGREEMENT, ACKNOWLEDGEMENTS AND AUTHORIZATIONS**By Our signatures below, We (Owner, Applicant and all Insureds) understand and agree that:**

Primerica offers two term life insurance policy series that provide the same death benefit at certain ages and face amounts. Neither have cash value. The Custom Advantage Series may offer insurance at a lower cost but requires more underwriting requirements, including a paramedical examination and bodily fluid (blood and urine) testing. The TermNow Series offers insurance through a streamlined underwriting process that typically does not require bodily fluid testing if applying. We have applied for the policy series we want.

In the sale or service of Primerica Insurance, Primerica agents represent Primerica Life Insurance Company and may provide services to Us for Primerica Life Insurance Company. Agents do not have the authority to accept risk, pass on insurability, or make void, waive or change any conditions or provisions of this Application, policy or receipt.

We have received pages 13-17 and have read, understand and accept the terms of the: Application Agreement; HIPAA Authorization, Authorizations for Electronic Funds Payments; Disclosure for Motor Vehicle Reports, Investigative Consumer Reports and MIB, Inc.; Increasing Benefit Rider Disclosure; Terminal Illness Accelerated Benefit Disclosure; Application Agreement, Acknowledgments and Authorizations, HIPAA Authorization; Advance Premium Deposits Agreement Disclosure; and, Notice for Blood and Body Fluid Testing.

All of the information in this Application and all additions to this Application (such as examination reports and amendments) are true and complete to the best of our knowledge. The Company relies on this information to determine whether and on what terms, to issue any insurance. The statements and answers in this Application and any other evidence of insurability are the basis for and become a part of the policy, and no information about Us will be considered to have been given unless it is stated in this Application. The company will have no liability until (1) a policy is issued on this Application and delivered to and accepted by the Owner; and (2) the first premium due is paid in full while each insured is alive. If within two years of a policy or rider issue date, any information is determined to be false, incomplete or incorrect, the entire policy or rider may be rendered void.

Policy documents show any premium and benefit changes that occur over the period of coverage We will accept the return if any premium paid if the company does not approve this Application.

Prior to accepting any issued coverage, We will review any policy and disclose documents. These documents show any premium and benefit changes that We will accept the return if any premium paid if the company does not approve this Application.

We authorize: the Company to request investigative consumer reports and motor vehicle reports on Us; and the Company and its reinsurers to request our medical information from MIB, Inc. and its members.

Continued on Page 11

APPLICATION AGREEMENT, ACKNOWLEDGEMENTS AND AUTHORIZATIONS

Continued from Page 10

By choosing to pay additional premium under the Advance Premiums Deposit Agreement, the additional premium amount will be deducted directly from the account indicated in this Application, or added to Our periodic premium bill. A Sales Illustration is a disclosure document that includes policy costs, benefits and other important information. No matching Sales Illustration was used in this sale. If a policy is issued, a matching Sales Illustration will be provided with the policy. Instead of a Sales Illustration, you may receive a Statement of Policy Cost and Benefit Information.

The approval of new or additional insurance for the proposed insured(s) is based on the representations made regarding use of tobacco or nicotine, responses to medical questions and other application information. False representations will result in a denial of coverage in a claims investigation and may be considered insurance fraud.

Dated In on - -
 State

☒
Primary Insured (if coverage change is requested)

☒
Spouse Rider Insured (if coverage change is requested)

☒
Policy Owner (if other than Proposed Primary Insured)

☒
New Owner (if Ownership change is requested)

☒
Irrevocable Beneficiary (if requesting a change)

☒
 Authorized **Bank Account Owner** (if establishing new Bank Draft)

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION

For Use and Disclosure of Protected Health Information

By Our signatures below:

(1) We (Owner, Applicant and/all Insureds) authorize Primerica Life Insurance Company, it affiliates (collectively the "Company"), reinsurers, and authorized representatives, including agents, insurance support organizations and service providers to receive our health information; **(2)** We acknowledge that health information may include information about prescription histories, the diagnosis, treatment and prognosis of any physical or mental condition and the use of drugs or alcohol, but not psychotherapy notes; **(3)** We authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, Veteran's Administration, government facility, pharmacy, pharmacy benefit manager, insurance company, clearinghouse, or other entity or person ("Providers") to disclose our health information; **(4)** We acknowledge that this Authorization may be relied upon to determine our eligibility for insurance, to obtain reinsurance, to administer any claim for insurance benefits or for any other business purpose not otherwise prohibited, including but not limited to any activities related to coverage or benefits or to support the business operations of the Company; **(5)** We acknowledge that this Authorization expires two (2) years from the date it is signed; **(6)** We acknowledge that we may revoke this Authorization at any time by sending written notice to the Company's address, however, any revocation will not apply retroactively or prevent the Company from contesting a claim for insurance benefits or the policy itself; **(7)** We acknowledge that if we refuse to sign this Authorization, a Provider may not refuse to provide treatment or payment for health care services, however the Company may not be able to process this application or, if coverage is issued, make any benefit payments; **(8)** We acknowledge that information disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy of health information; and **(9)** We acknowledge that a photographic copy of this Authorization, including a photographic or electronic copy of Our signature, is valid as the original and We may receive a copy of this Authorization after it is signed.

☒
Primary Insured
 Date - -

☒
Spouse Rider Insured
 Date - -

RVP Name (Please print)

Solution No.

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■
RVP PHONE

Street Address

Suite #

City

State

ZIP

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■
RVP FAX

AGENT REPLACEMENT STATEMENT

Life insurance or annuities will be replaced or changed (i.e. lapsed; converted to a non-forfeiture option; reduced; surrendered; or otherwise terminated), if indicated on page 1.

1st Licensed Agent:

Last Name

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■

First Name

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ MI ■

Solution No.

■ ■ ■ ■ ■

Telephone

■ ■ ■ - ■ ■ ■ - ■ ■ ■ ■

☒

1st Licensed Agent

Date

■ ■ - ■ ■ - ■ ■ ■ ■

2nd Representative:

Last Name

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■

First Name

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ MI ■

Solution No.

■ ■ ■ ■ ■

Trainee:

Last Name

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■

First Name

■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ MI ■

Solution No.

■ ■ ■ ■ ■



AUTHORIZATIONS FOR ELECTRONIC FUNDS PAYMENTS

Authorization for Check as Payment via Electronic Funds Transfer

When you provide a check as payment, you authorize Primerica Life either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When Primerica Life uses information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, if payment is submitted to us by mail, or the same day you make your payment, if payment is made in person or to a lockbox location, and you will not receive your check back from your financial institution. You may revoke this Authorization for Check as Payment via Electronic Funds Transfer only by contacting Primerica Life Insurance Company at [3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001].

Authorization for Monthly Payment Plan

If you have chosen to pay the premium for your policy through the preauthorized monthly bank draft (the 'payment plan'), you hereby authorize Primerica Life to automatically debit your checking or savings account in the amount indicated for monthly bank draft payments on the first page of this acknowledgement and agree to the following terms and conditions:

- 1) The payment transfers may begin as soon as the same day Primerica Life receives this signed Application, along with a voided check from the account to be drafted. You may revoke this authorization for payment plan only by submitting a written revocation to Primerica Life Insurance Company, [3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001.] This authorization for the payment plan will remain in effect until Primerica Life receives and processes your revocation, which could require 3-10 business days from the day it receives your written revocation. You may, at your expense, request that your financial institution discontinue making payment transfers for premium payments from your account. Primerica Life may terminate your participation in the payment plan at any time without prior notice if a payment transfer is rejected, dishonored, returned, reversed or readjusted for any reason by your financial institution, including stop payment orders or for insufficient funds.
- 2) The entry on your financial institution's account statement showing that a payment transfer has been made will be your notice of our receipt of your premiums. A premium payment will be considered as having been made and received by Primerica Life only if the payment transfer for that premium is completed by your financial institution. If a payment transfer is rejected, dishonored, returned, reversed or readjusted by your financial institution for any reason, including a stop payment order or for insufficient funds, **you will be responsible for any charges incurred and Primerica Life may make a second attempt to have a payment transfer made from your account for premiums due.** Any subsequent payment transfer or any other payment will be applied towards back premiums due and may not prevent a lapse of this policy for non-payment of premium(s).
- 3) If the payment plan is terminated for any reason, any premium past due at the time of termination and any premiums due after the date of termination will be due in accordance with the payment schedule which would have been applicable to the policy if you had not chosen to participate in the payment plan. If the payment plan is terminated, the amount of the first premium due after the date of that termination will be prorated and the premium payment schedule revised so that a regularly scheduled premium payment will be due on each policy anniversary date. If a second attempt at a payment transfer is rejected, dishonored, returned, reversed or readjusted by your financial institution, causing termination of the payment plan, your policy will automatically be placed on a quarterly direct billing mode, unless you instruct us otherwise by contacting us at our toll-free Client Services phone line.
- 4) Primerica Life will not be liable for any loss, damage or expenses of any kind or nature, including forfeiture of insurance, resulting directly or indirectly from, or in any way connected with the rejection, dishonor, return, reversal or readjustment of a payment transfer by your financial institution.



POLICY NUMBER



Premium Receipt

Received from _____

The sum of \$ ,  as premium payment with this application.

X

Licensed Agent


Solution No.

Date  -  - 

All Premium checks must be made payable to "Primerica Life."
Do not make checks payable to the Agent or leave the payee blank.

DETACH THIS PAGE
APPLICANT'S COPY

DISCLOSURE FOR MOTOR VEHICLE REPORTS, INVESTIGATIVE CONSUMER REPORTS AND MIB, INC.

As part of the Company's regular underwriting procedure, the Company may obtain a Motor Vehicle Report (MVR) showing detailed driving history and an Investigative Consumer Report (ICR), which will contain personal information concerning your character, habits, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. If an ICR is obtained, personal interviews with your neighbors, friends, associates and acquaintances may be conducted. In the event that an ICR is obtained, you understand that you may request to be interviewed in connection with the ICR and that a right of access and correction exists with respect to the ICR and all personal information collected. Upon written request to the Company at [3120 Breckinridge Boulevard, Duluth, Ga. 30099-0001], further detailed information on the nature and scope of both the MVR and ICR will be provided.

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief Report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at [866-692-6901 (TTY 866-346-3642)]. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

The Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [\[www.mib.com\]](http://www.mib.com).

INCREASING BENEFIT RIDER DISCLOSURE

For newly underwritten coverage, Primerica Life policies offer a unique protection benefit, the Increasing Benefit Rider. This coverage is provided to our clients, Insured and Spouse, who are under the insurance age of 56 and issued non-rated coverage. This rider offers an automatic 10% increase in the face amount coverage issued for 10 years. No additional underwriting is required. Each coverage increase comes with a premium increase which is shown in the issued policy. The maximum additional coverage under the Increasing Benefit Rider is \$500,000. Increases will occur on policy anniversaries, beginning at the start of the second year. Before each increase, a notice will be sent Your address of record describing the new coverage and premium. You may decline any increase. If any annual increase is ever declined, all future increases will be discontinued.

TERMINAL ILLNESS ACCELERATED BENEFIT DISCLOSURE

This Benefit is not a long term care policy.

The Benefit provides that if You become terminally ill with a life expectancy of six months or less, the Owner may choose to request the Accelerated Benefit. This Benefit provides an accelerated payment of 40% of Your death benefit under the Policy and/or Rider not to exceed a maximum of \$250,000. If the terminally ill insured also has a Disability Waiver of Premium Benefit Rider or Spouse Disability Waiver of Premium Benefit Rider, the accelerated payment is 70% of Your death benefit under the Policy and/or Rider not to exceed a maximum of \$400,000.

The Accelerated Benefit payment will only be paid upon a diagnosis of a Terminal Illness, which is a noncorrectable medical condition that with reasonable medical certainty, will result in Your death in six months or less from the date of the Physician Statement.

There is a one time administrative fee of \$200.00 plus interest. The interest rate is stated in the Benefit.

Payment of this Benefit will result in a lien against the proceeds of your policy. For example, if you have a policy with a Face Amount of \$100,000, you may apply for \$40,000. You will be paid the \$40,000 upon approval of your claim. Assuming the annual interest rate is 3% and death occurs four months after the Accelerated Benefit is paid, \$40,000 plus the \$200.00 administrative fee plus 3% for four months on \$40,200, for a total of \$40,602, will be deducted from the death benefit proceeds.

Payment of the Accelerated Benefit will have no effect on the amount of future payments, if any, required under this policy.

If you do not have a waiver of premium, you are still obligated for future premiums.

ANY ACCELERATED BENEFIT PAID UNDER THIS POLICY MAY BE TAXABLE. A PERSONAL TAX ADVISOR SHOULD BE CONSULTED.

PAYMENT OF ANY ACCELERATED BENEFIT MAY ALSO ADVERSELY AFFECT THE RECIPIENT'S ELIGIBILITY FOR MEDICAID AND OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS.

THIS DISCLOSURE IS NOT A CONTRACT. IT IS INTENDED ONLY AS A SUMMARY OF THE BENEFIT PROVISIONS. IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS AND RESTRICTIONS.

**DETACH THIS PAGE
APPLICANT'S COPY**

APPLICATION AGREEMENT, ACKNOWLEDGEMENTS AND AUTHORIZATIONS

By Our signatures below, We (Owner, Applicant and all Insureds) understand and agree that:

Primerica Life only provides term life insurance. Term life insurance provides a death benefit and does not accumulate cash value.

If applicable, we are applying for the risk classification indicated on Page 2, after having been informed about their requirements (such as blood and urine testing); and We understand that final determination for coverage and the risk classification is subject to approval by the Underwriting Department. Prior to accepting any issued coverage, we will review all policy and disclosure documents in the policy kit. These documents show any premium and benefit changes that occur over the period of coverage.

In the sale or service of Primerica Insurance, Primerica agents represent Primerica Life Insurance Company and may provide services to Us for Primerica Life Insurance Company. Agents do not have the authority to accept risk, pass on insurability, or make void, waive or change any conditions or provisions of this Application, policy or receipt.

We have received pages 13-17 and have read, understand and accept the terms of the: Authorizations for Electronic Funds Payments; Disclosure for Motor Vehicle Reports, Investigative Consumer Reports and MIB, Inc.; Increasing Benefit Rider Disclosure; Terminal Illness Accelerated Benefit Disclosure; Application Agreement, Acknowledgments and Authorizations, HIPAA Authorization; Advance Premium Deposits Agreement Disclosure; and, Notice for Blood and Body Fluid Testing.

All of the information in this Application and all additions to this Application (such as examination reports and amendments) are true and complete to the best of our knowledge. The Company relies on this information to determine whether and on what terms, to issue any insurance. The statements and answers in this Application and any other evidence of insurability are the basis for and become a part of the policy, and no information about Us will be considered to have been given unless it is stated in this Application. The company will have no liability until (1) a policy is issued on this Application and delivered to and accepted by the Owner; and (2) the first premium due is paid in full while each insured is alive. We understand that our policy may be rendered void within two years of the policy issue date, if any misrepresented, omitted, concealed, or incorrect statements are: (1) fraudulent; or (2) material to the acceptance of the risk; or (3) if the true facts were known, the policy would not have been issued as applied for or would not have been issued. If any of the preceding conditions are present, then recovery shall only be prevented if such actions or omissions contributed to the loss that gave rise to the action.

Policy documents show any premium and benefit changes that occur over the period of coverage We will accept the return if any premium paid if the company does not approve this Application.

Prior to accepting any issued coverage, We will review any policy and disclose documents. These documents show any premium and benefit changes that We will accept the return if any premium paid if the company does not approve this Application.

We authorize: the Company to request investigative consumer reports and motor vehicle reports on Us; and the Company and its reinsurers to request our medical information from MIB, Inc. and its members.

By choosing to pay additional premium under the Advance Premiums Deposit Agreement, the additional premium amount will be deducted directly from the account indicated in this Application, or added to Our periodic premium bill.

A Sales Illustration is a disclosure document that includes policy costs, benefits and other important information. No matching Sales Illustration was used in this sale. If a policy is issued, a matching Sales Illustration will be provided with the policy. Instead of a Sales Illustration, you may receive a Statement of Policy Cost and Benefit Information.

The approval of new or additional insurance for the proposed insured(s) is based on the representations made regarding use of tobacco or nicotine, responses to medical questions and other application information. False representations will result in a denial of coverage in a claims investigation and may be considered insurance fraud.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION

For Use and Disclosure of Protected Health Information

By Our signatures below:

(1) We (Owner, Applicant and/all Insureds) authorize Primerica Life Insurance Company, its affiliates (collectively the "Company"), reinsurers, and authorized representatives, including agents, insurance support organizations and service providers to receive our health information; **(2)** We acknowledge that health information may include information about prescription histories, the diagnosis, treatment and prognosis of any physical or mental condition and the use of drugs or alcohol, but not psychotherapy notes; **(3)** We authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, Veteran's Administration, government facility, pharmacy, pharmacy benefit manager, insurance company, clearinghouse, or other entity or person ("Providers") to disclose our health information; **(4)** We acknowledge that this Authorization may be relied upon to determine our eligibility for insurance, to obtain reinsurance, to administer any claim for insurance benefits or for any other business purpose not otherwise prohibited, including but not limited to any activities related to coverage or benefits or to support the business operations of the Company; **(5)** We acknowledge that this Authorization expires two (2) years from the date it is signed; **(6)** We acknowledge that we may revoke this Authorization at any time by sending written notice to the Company's address, however, any revocation will not apply retroactively or prevent the Company from contesting a claim for insurance benefits or the policy itself; **(7)** We acknowledge that if we refuse to sign this Authorization, a Provider may not refuse to provide treatment or payment for health care services, however the Company may not be able to process this application or, if coverage is issued, make any benefit payments; **(8)** We acknowledge that information disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy of health information; and **(9)** We acknowledge that a photographic copy of this Authorization, including a photographic or electronic copy of Our signature, is valid as the original and We may receive a copy of this Authorization after it is signed.

DETACH THIS PAGE

APPLICANT'S COPY

ADVANCE PREMIUM DEPOSITS AGREEMENT DISCLOSURE

By choosing to pay an additional amount towards your premiums on Page 2, You are authorizing the Company to either directly bill You or collect from Your account that amount. The balance of these payments may not exceed \$5,000 or the maximum permitted under state law (provided that no additional requirements are necessary), whichever is less. If the balance of Your Advance Premium Deposits is less than \$10.00 and no advance premium deposits have been made within the last 12 months, We may return the balance to You. Upon written request, at no charge, You may withdraw a minimum of at least \$100, or the entire balance amount, whichever is less. You will receive an annual statement showing Your balance, Your transactions and any interest earned.

ANNUAL INTEREST – You will earn interest on the balance of Your Advance Premium Deposits based in part on current market conditions. The interest rate is variable, but will not be less than the Benchmark Rate, which is the rate published on the website <http://www.imoney.net.com/retail-money-funds/index.aspx> for the Retail Rate National Averages, Savings and Money Market Accounts, “Regular Savings \$10k”. The published rate as of the last business day of a month will be the effective Benchmark Rate for the following month (for example, the effective Benchmark Rate for September would be the rate published as of the last business day of August on the imoney.net website). The interest earned on Your Advance Premium Deposits is taxable. You should consult a tax advisor. The interest rate You earn on Your Advance Premium Deposits is not tied to, and may be less than, Primerica Life Insurance Company’s earnings on its general account. Interest rates may change without notice. You may obtain the current rate by calling Our toll-free number, [1-800-257-4725, Monday through Friday between 8:00 a.m. and 5:00 p.m. Eastern Standard Time.]

At the end of each Policy Year in which there is a balance in the advance premium deposits, We will credit interest based on the lesser of: 1) the existing balance of the advance premium deposits, or 2) the average balance during the policy year just completed. We reserve the right to make changes to these terms and conditions, including selecting a different Benchmark Rate on which to base interest rates credited. In the event of changes, notice of the proposed changes will be sent to You. You will have 60 days to agree to these changes, otherwise You affirm these changes.

AUTOMATIC WITHDRAWAL OF DEPOSITS UPON PREMIUM DEFAULT – Unless otherwise instructed by You in writing, if any premium under the Policy remains unpaid on the date of default or any extended payment offer, whichever is later, We will withdraw from the advance premium deposits, if sufficient, the amount of such premium necessary to pay the premium due based on the then current premium payment schedule and apply such amount for payment thereof. Your policy will continue to be in lapse mode and the balance of Your Advance Premium Deposits will be returned to You if the balance is insufficient to cover the premium due on the then current premium payment schedule.

TERMINATION AND SETTLEMENT – Upon termination of Your policy by reason other than death of the Insured, You will receive a check for the balance of the advance premiums plus any interest accumulated. In the event of the death of the Insured the then present balance of any advance premium deposits plus any interest earned will be paid to the beneficiary.

THE SAFETY OF YOUR ADVANCE PREMIUM DEPOSITS BALANCE – Any advance premium deposits balances are held by and remain an asset of Primerica Life Insurance Company. These balances are not insured by the Federal Deposit Insurance Corporation (FDIC); however, they are protected by state guaranty funds, up to state coverage limits (generally \$300,000).

THE BALANCE OF YOUR ADVANCE PREMIUM DEPOSITS FUNDS – We assume no responsibility whatsoever as to how the funds in Your Advance Premium Deposits balance are applied, except as described for in AUTOMATIC WITHDRAWAL OF DEPOSITS UPON PREMIUM DEFAULT above. It is Your responsibility to consider whether and when to adjust Your premium payment schedule to a less frequent basis in order to reduce overall premium costs.

QUESTIONS OR TO STOP THE COLLECTIONS OF ADVANCE PREMIUMS – If You would like to stop the collection of advance premiums or if You have a question or need more information, call Our toll-free number, [1-800-257-4725, Monday through Friday between 8:00 a.m. and 5:00 p.m. Eastern Standard Time.]

**DETACH THIS PAGE
APPLICANT’S COPY**

NOTICE AND CONSENT FORM FOR AIDS VIRUS (HIV) TESTING

To evaluate your eligibility for insurance or insurance benefits, it is requested that you consent to be tested for the AIDS virus (HIV). By signing and dating this Application on page 8, you agree that this test may be performed and that underwriting decisions will be based on the test results.

DISCLOSURE OF TEST RESULTS:

All test results will be treated confidentially. The results of the test will be reported to Primerica Life Insurance Company. Results of the tests will not otherwise be disclosed except as allowed by law or as stated below.

MEANING OF TEST RESULTS:

While positive HIV antibody test results do not mean that you have AIDS, they do mean that you may be at increased risk of developing AIDS or AIDS-related conditions. The test is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus.

Positive HIV antibody test results could adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

RELEASE OF RESULTS:

The results of this test may be released to the following:

- (1) the proposed insured;
- (2) the person legally authorized to consent to the test;
- (3) a licensed physician, medical practitioner, or other person designated by the proposed insured;
- (4) an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular proposed insured;
- (5) a reinsurer, if the reinsurer is involved in the underwriting process, under procedures that are designed to assure confidentiality;
- (6) persons who have the responsibility to make underwriting decisions on behalf of the insurer; or
- (7) insurer's legal counsel who needs such information to effectively represent the insurer in regard to matters concerning the proposed insured.

The insurer may contact you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may want to discuss the results.

CONSENT:

I have read and I understand this Notice and Consent Form. I voluntarily consent to testing and disclosure as described above. I understand that I have the right to request and receive a copy of this form. A photocopy of this form will be as valid as the original.

**DETACH THIS PAGE
APPLICANT'S COPY**

Intentionally left blank.



Reinstatement Application for Individual Term Life Insurance

Policy Number

Driver's License Number

State

Social Security Number

Name of Primary Insured (Print)

Street Address/Apt. No.

City

State

Zip

Country

Day Telephone Number

Evening Telephone Number

Amount Submitted
With Reinstatement
\$_____

REINSTATEMENT:

Increases to coverage are contestable per the policy's incontestability provision.

- ☐ Original Date (All Back Premiums Are Required)
- ☐ Redate (Current Mode Of Premium Or New Signed Voided Check Required)

You have two options to reinstate your policy. For the first option (original date), you must pay all unpaid, past due premiums with interest and the reinstated date of your policy will be the same date as your original policy date. By choosing this option, you will keep your original issue age.

If you do not want to pay all past due premiums with interest, you may choose the second option (redate). For this option, you will pay one month's premium and you will be given a new anniversary date. By choosing this option, your insurance age may change and your premiums may increase.

Regardless of the election made above, there will be a new two (2) year contestable period that begins with reinstatement.

1. What is the Primary Insured's present occupation? Give exact duties.

2. In the past 3 years, have you or any other person insured under the policy been diagnosed, treated or tested positive for, or been given medical advice by a member of the medical profession for any disease or disorder? ☐ Yes ☐ No

If yes, specify who and give complete details including diagnosis(es), date(s), duration(s) and complete name and address of all attending physicians.

3. Do you or any other person insured under the policy currently take prescription medication or have any impairments or disabilities? If yes, specify who and give complete details including medication. ☐ Yes ☐ No

4. Have you or any other person insured under the policy ever been diagnosed, treated, or tested positive for Human Immunodeficiency Virus (AIDS virus), Acquired Immune Deficiency Syndrome (AIDS) or immune deficiency related disorders by a member of the medical profession? If yes, specify who and give complete details. ☐ Yes ☐ No

- 5.a. Have you or any other person insured under the policy (excluding children) used tobacco/nicotine in any form in the last 12 months? If yes, specify who and give complete details. ☐ Yes ☐ No

- b. Have you or any other person insured under the policy (excluding children) used tobacco/nicotine in any form in the last 5 years? If yes, specify who and give complete details. ☐ Yes ☐ No


6. Have you or any other person insured under the policy ever been convicted of a felony or a DUI? ☐ Yes ☐ No
If yes, specify who and give complete details including date(s) and county and state.

UNDERWRITING AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

By Our signatures below or by my electronic signature, if the electronic application process is used:

- (1) We (Owner, Applicant and/all Insureds) authorize Primerica Life Insurance Company, its affiliates, (collectively the "Company") reinsurers, and authorized representatives, including agents, insurance support organizations and service providers to receive our health information;
- (2) We acknowledge that health information may include information about prescription histories, the diagnosis, treatment and prognosis of any physical or mental condition and the use of drugs or alcohol, but not psychotherapy notes;
- (3) We authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, Veteran's Administration, government facility, pharmacy, pharmacy benefit manager, insurance company, clearinghouse, or other entity or person ("Providers") to disclose our health information;
- (4) We acknowledge that this Authorization may be relied upon to determine our eligibility for insurance, to obtain reinsurance, to administer any claim for insurance benefits or for any other business purpose not otherwise prohibited, including but not limited to any activities related to coverage or benefits or to support the business operations of the Company;
- (5) We acknowledge that this Authorization expires two (2) years from the date it is signed;
- (6) We acknowledge that we may revoke this Authorization at any time by sending written notice to the Company's address, however, any revocation will not apply retroactively or prevent the Company from contesting a claim for insurance benefits or the policy itself;
- (7) We acknowledge that if we refuse to sign this Authorization, a Provider may not refuse to provide treatment or payment for health care services, however, the Company may not be able to process this application or, if coverage is issued, make any benefit payments;
- (8) We acknowledge that information disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy of health information; and
- (9) We acknowledge that a photographic copy of this Authorization, including a photographic or electronic copy of Our signature, is valid as the original and We may receive a copy of this Authorization after it is signed.

By signing this Application, We (Applicant and/all Insured(s)) represent that; (1) All of the information in this Application and all additions to this Application are true and complete to the best of Our knowledge and belief; (2) The statements and answers in this Application are the basis for and become a part of the policy, and no information about Us will be considered to have been given unless it is stated in this Application; and (3) We will accept return of any amount paid herewith should the Company decline to approve this Application. We also agree and understand that: (1) Primerica agents do not have the authority to accept risk, pass on insurability, or make void, waive or change any conditions or provisions of this Application, policy or receipt; (2) There is no conditional coverage and that the Company shall have no liability until (a) a policy is issued on this Application and delivered to and accepted by Us; and (b) and the first premium is paid in full while each proposed insured is alive; (3) If any statement made herein be in any respect untrue, the Company shall be under no liability for a period of two years from the date of reinstatement; (4) We have received, read, understand and consent to the terms of the Health Insurance Portability and Accountability (HIPAA) Authorization For Use and Disclosure of Protected Health Information; and (5) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents a false statement in an insurance application may be guilty of a criminal offense and subject to penalties under state law. We also authorize: (1) the Company to request investigative consumer reports and motor vehicle reports on Us; and (2) the Company and its reinsurers to request our medical information from MIB, Inc. and its members.

Dated at _____ this _____ day of _____, .
State

X _____
Signature of Primary Insured

X _____
Signature of Spouse Rider Insured (If to be Insured)

X _____
Signature of Owner (If other than Primary Insured)


Policy Owner Email Address

AUTHORIZATION FOR ELECTRONIC FUNDS PAYMENTS

Authorization for Monthly Payment Plan. If you have chosen to pay the premium for your policy through the preauthorized monthly bank draft (the "payment plan"), you hereby authorize Primerica Life to automatically debit your checking or savings account in the amount indicated for monthly bank draft payments on the reverse side of this Application (each such debit being a "payment transfer"). You also acknowledge and agree to the following terms and conditions:

1. You may revoke this authorization for the payment plan either by submitting a written revocation to Primerica Life Insurance Company, [3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001] or by calling our toll-free Client Services phone line at [1-800-257-4725.] This authorization for the payment plan will remain in effect until Primerica Life receives and processes your revocation, which could require 3 to 10 business days from the date the revocation is received.
2. The entry on your financial institution's account statement showing that a payment transfer has been made will be your notice of our receipt of your premiums. A premium payment will be considered as having been made and received by Primerica Life only if the payment transfer for that premium is completed by your financial institution. If a payment transfer is rejected, dishonored, returned, reversed or readjusted by your financial institution for any reason, including a stop payment order or for insufficient funds, **you will be responsible for any charges incurred and Primerica Life may make a second attempt to have a payment transfer made from your account for that portion of premiums due.** Any subsequent payment transfer or any other payment will be applied toward back premiums due and may not prevent a lapse of the policy for non-payment of premium(s).
3. If a payment transfer is rejected, dishonored, returned, reversed or readjusted by your financial institution, it may result in a termination of the payment plan. If the payment plan is terminated for any reason, your policy will automatically be placed on a quarterly direct billing method, unless you instruct us otherwise by contacting us at our toll-free Client Services phone line. The amount of the first premium due after the date of the termination will be adjusted in accordance with your direct billing method.
4. Primerica Life will not be liable for any loss, damage or expenses of any kind or nature, including the forfeiture of insurance, resulting directly or indirectly from, or in any way connected with the rejection, dishonor, return, reversal or readjustment of a payment transfer by your financial institution.

PLEASE DETACH AND RETAIN FOR YOUR REFERENCE**CLIENT COPY**

Page 3

DISCLOSURE FOR MOTOR VEHICLE REPORTS, INVESTIGATIVE CONSUMER REPORTS AND MIB, INC.

As part of the Company's regular underwriting procedure, the Company may obtain a Motor Vehicle Report (MVR) showing detailed driving history and an Investigative Consumer Report (ICR), which will contain personal information concerning your character, habits, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. If an ICR is obtained, personal interviews with your neighbors, friends, associates and acquaintances may be conducted. In the event that an ICR is obtained, you understand that you may request to be interviewed in connection with the ICR and that a right of access and correction exists with respect to the ICR and all personal information collected. Upon written request to the Company at [3120 Breckinridge Boulevard, Duluth, Ga. 30099-0001], further detailed information on the nature and scope of both the MVR and ICR will be provided.

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief Report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at [866-692-6901 (TTY 866-346-3642)]. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

The Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com].

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION

For Use and Disclosure of Protected Health Information

By Our signatures below or by my electronic signature, if the electronic application process is used:

- (1) We (Owner, Applicant and/all Insureds) authorize Primerica Life Insurance Company, its affiliates, (collectively the "Company") reinsurers, and authorized representatives, including agents, insurance support organizations and service providers to receive our health information;
- (2) We acknowledge that health information may include information about prescription histories, the diagnosis, treatment and prognosis of any physical or mental condition and the use of drugs or alcohol, but not psychotherapy notes;
- (3) We authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, Veteran's Administration, government facility, pharmacy, pharmacy benefit manager, insurance company, clearinghouse, or other entity or person ("Providers") to disclose our health information;
- (4) We acknowledge that this Authorization may be relied upon to determine our eligibility for insurance, to obtain reinsurance, to administer any claim for insurance benefits or for any other business purpose not otherwise prohibited, including but not limited to any activities related to coverage or benefits or to support the business operations of the Company;
- (5) We acknowledge that this Authorization expires two (2) years from the date it is signed;
- (6) We acknowledge that we may revoke this Authorization at any time by sending written notice to the Company's address, however, any revocation will not apply retroactively or prevent the Company from contesting a claim for insurance benefits or the policy itself;
- (7) We acknowledge that if we refuse to sign this Authorization, a Provider may not refuse to provide treatment or payment for health care services, however, the Company may not be able to process this application or, if coverage is issued, make any benefit payments;
- (8) We acknowledge that information disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy of health information; and
- (9) We acknowledge that a photographic copy of this Authorization, including a photographic or electronic copy of Our signature, is valid as the original and We may receive a copy of this Authorization after it is signed.

X _____
Signature of Proposed Primary Insured

Date - -
Month Day Year

X _____
Signature of Spouse Rider Insured (if proposed for coverage)

Date - -
Month Day Year

PLEASE DETACH AND RETAIN FOR YOUR REFERENCE

CLIENT COPY

Page 4

APPLICATION AGREEMENT

By signing this Application, We (Applicant and/all Insured(s)) represent that **(1)** All of the information in this Application and all additions to this Application (such as examination reports and amendments) are true and complete to the best of Our knowledge. **(2)** The statements and answers in this Application and any other evidence of insurability are the basis for and become a part of the policy, and no information about Us will be considered to have been given unless it is stated in this Application. **(3)** Upon delivery, either by paper or electronically, we will review it to confirm that our responses are true and complete. **(4)** Prior to accepting any issued coverage, We will also review all policy and disclosure documents in the policy kit, including the sales illustration or policy summary. These documents show any premium and benefit changes that occur over the period of coverage. **(5)** We acknowledge that Primerica Life Insurance Company relies on this information to determine whether, and on what terms, to issue a policy. Our acceptance of our policy will be considered our confirmation of the accuracy of our Application information. If the Application information is false, incorrect, or incomplete, we will immediately inform our agent or the Company. **(6)** We will accept return of any amount paid with this Application if the Company does not approve this Application. We understand that if within 2 years of policy issue date, any information is determined to be false, incomplete or incorrect, our policy may be rendered void.

CONDITIONAL COVERAGE

We understand and agree that no insurance will be in effect before a policy is issued unless all of the following conditions are met:

(1) All of the information in the Application and any additions to the Application must be true and complete; **(2)** The proposed insureds must be a standard risk according to the Company's underwriting rules; **(3)** All items concerning insurability (including, but not limited to, the results of medical examinations or body fluid studies and attending physician statements) must be received; **(4)** At least one full month's premium (but not more than the amount required to purchase \$500,000 of insurance for each insured exclusive of any riders) for the policy applied for must be received with the Application; and **(5)** If the proposed insureds dies by suicide, while sane or insane, before the policy is issued, we are only liable for the premiums paid.

EFFECTIVE DATE OF CONDITIONAL COVERAGE

Any Conditional Coverage will become effective on the date the Application is signed, or the date the Company receives the results of all required tests and exams or other requested information, whichever is later.

CONDITIONAL COVERAGE AMOUNT AND LIMIT

The amount of insurance provided under this conditional coverage is the amount applied for and for which premium has been paid, but not exceeding \$500,000 for each proposed insured.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION

For Use and Disclosure of Protected Health Information

By Our signatures below or by my electronic signature, if the electronic application process is used:

- (1)** We (Owner, Applicant and/all Insureds) authorize Primerica Life Insurance Company, its affiliates, (collectively the "Company"), reinsurers, and authorized representatives, including Agents, insurance support organizations and service providers to receive our health information;
- (2)** We acknowledge that health information may include information about prescription histories, the diagnosis, treatment and prognosis of any physical or mental condition and the use of drugs or alcohol, but not psychotherapy notes;
- (3)** We authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, Veteran's Administration, government facility, pharmacy benefit manager, insurance company, clearinghouse, or other entity or person ("Providers") to disclose our health information;
- (4)** We acknowledge that this Authorization may be relied upon to determine our eligibility for insurance, any claim for insurance benefits for any other business purpose; not otherwise prohibited, including but not limited to any activities related to coverage or benefits or to support the business operations of the company;
- (5)** We acknowledge that this Authorization expires two (2) years from the date it is signed;
- (6)** We acknowledge that we may revoke this Authorization at any time by sending written notice to the Company's address, however, any revocation will not apply retroactively or prevent the Company from contesting a claim for insurance benefits or the policy itself;
- (7)** We acknowledge that if we refuse to sign this Authorization, a Provider may not refuse to provide treatment or payment for health care services, however the Company may not be able to process this application or, if coverage is issued, make any benefit payments;
- (8)** We acknowledge that information disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy of health information; and
- (9)** We acknowledge that a photographic copy of this Authorization, including a photographic or electronic copy of our signature, is valid as the original and may receive a copy of this Authorization after it is signed.



Signature of Primary Insured

Date - -



Signature of Spouse (if proposed for coverage)

Date - -

DISCLOSURE FOR MOTOR VEHICLE REPORTS, INVESTIGATIVE CONSUMER REPORTS AND MIB, INC.

As part of the Company's regular underwriting procedure, the Company may obtain a Motor Vehicle Report (MVR) showing detailed driving history and an Investigative Consumer Report (ICR), which will contain personal information concerning your character, habits, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. If an ICR is obtained, personal interviews with your neighbors, friends, associates and acquaintances may be conducted. In the event that an ICR is obtained, you understand that you may request to be interviewed in connection with the ICR and that a right of access and correction exists with respect to the ICR and all personal information collected. Upon written request to the Company at [3120 Breckinridge Boulevard, Duluth, Ga. 30099-0001], further detailed information on the nature and scope of both the MVR and ICR will be provided.

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief Report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at [866-692-6901 (TTY 866-346-3642)]. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

The Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

INCREASING BENEFIT RIDER DISCLOSURE:

Primerica Life policies offer a unique protection benefit, the Increasing Benefit Rider. This coverage is provided to our clients, Insured and Spouse, who are under the insurance age of 56 and issued non-rated coverage. This rider offers an automatic 10% increase in the face amount coverage issued for 10 years. No additional underwriting is required. Each coverage increase comes with a premium increase which is shown in the issued policy. The maximum additional coverage under the Increasing Benefit Rider is \$500,000. Increases will occur on policy anniversaries, beginning at the start of the second year. Before each increase, a notice will be sent Your address of record describing the new coverage and premium. You may decline any increase. If any annual increase is ever declined, all future increases will be discontinued.

TERMINAL ILLNESS ACCELERATED BENEFIT DISCLOSURE

This Benefit is not a long term care policy.

The Benefit provides that if You become terminally ill with a life expectancy of six months or less, the Owner may choose to request the Accelerated Benefit. This Benefit provides an accelerated payment of 40% of Your death benefit under the Policy and/or Rider not to exceed a maximum of \$250,000. If the terminally ill insured also has a Disability Waiver of Premium Benefit Rider or Spouse Disability Waiver of Premium Benefit Rider, the accelerated payment is 70% of Your death benefit under the Policy and/or Rider not to exceed a maximum of \$400,000.

The Accelerated Benefit payment will only be paid upon a diagnosis of a Terminal Illness, which is a noncorrectable medical condition that with reasonable medical certainty, will result in Your death in six months or less from the date of the Physician Statement.

There is a one time administrative fee of \$200.00 plus interest. The interest rate is stated in the Benefit.

Payment of this Benefit will result in a lien against the proceeds of your policy. For example, if you have a policy with a Face Amount of \$100,000, you may apply for \$40,000. You will be paid the \$40,000 upon approval of your claim. Assuming the annual interest rate is 3% and death occurs four months after the Accelerated Benefit is paid, \$40,000 plus the \$200.00 administrative fee plus 3% for four months on \$40,200, for a total of \$40,602, will be deducted from the death benefit proceeds.

Payment of the Accelerated Benefit will have no effect on the amount of future payments, if any, required under this policy.

If you do not have a waiver of premium, you are still obligated for future premiums.

ANY ACCELERATED BENEFIT PAID UNDER THIS POLICY MAY BE TAXABLE. A PERSONAL TAX ADVISOR SHOULD BE CONSULTED.

PAYMENT OF ANY ACCELERATED BENEFIT MAY ALSO ADVERSELY AFFECT THE RECIPIENT'S ELIGIBILITY FOR MEDICAID AND OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS.

THIS DISCLOSURE IS NOT A CONTRACT. IT IS INTENDED ONLY AS A SUMMARY OF THE BENEFIT PROVISIONS. IN ALL CASES, CONSULT YOUR POLICY FOR FULL DETAILS AND RESTRICTIONS.

AUTHORIZATIONS FOR ELECTRONIC FUNDS PAYMENTS**Authorization for Check as Payment via Electronic Funds Transfer**

When you provide a check as payment, you authorize Primerica Life either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When Primerica Life uses information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, if payment is submitted to us by mail, or the same day you make your payment, if payment is made in person or to a lockbox location, and you will not receive your check back from your financial institution. You may revoke this Authorization for Check as Payment via Electronic Funds Transfer only by contacting Primerica Life Insurance Company at [3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001].

Authorization for Monthly Payment Plan

If you have chosen to pay the premium for your policy through the preauthorized monthly bank draft (the 'payment plan'), you hereby authorize Primerica Life to automatically debit your checking or savings account in the amount indicated for monthly bank draft payments on the first page of this acknowledgement and agree to the following terms and conditions:

- 1) The payment transfers may begin as soon as the same day Primerica Life receives this signed Application, along with a voided check from the account to be drafted. You may revoke this Authorization for Payment Plan only by submitting a written revocation to Primerica Life Insurance Company, [3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001]. This authorization for the payment plan will remain in effect until Primerica Life receives and processes your revocation, which could require 3-10 business days from the day it receives your written revocation. You may, at your expense, request that your financial institution discontinue making payment transfers for premium payments from your account. Primerica Life may terminate your participation in a payment plan at any time without prior notice if a payment transfer is rejected, dishonored, returned, reversed or readjusted for any reason by your financial institution, including stop payment orders or for insufficient funds.
- 2) The entry on your financial institution's account statement showing that a payment transfer has been made will be your notice of our receipt of your premiums. A premium payment will be considered as having been made and received by Primerica Life only if the payment transfer for that premium is completed by your financial institution. If a payment transfer is rejected, dishonored, returned, reversed or readjusted by your financial institution for any reason, including a stop payment order or for insufficient funds, **you will be responsible for any charges incurred and Primerica Life may make a second attempt to have a payment transfer made from your account for premiums due.** Any subsequent payment transfer or any other payment will be applied towards back premiums due and may not prevent a lapse of this policy for non-payment of premium(s).
- 3) If the payment plan is terminated for any reason, any premium past due at the time of termination and any premiums due after the date of termination will be due in accordance with the payment schedule which would have been applicable to the policy if you had not chosen to participate in the payment plan. If the payment plan is terminated, the amount of the first premium due after the date of that termination will be prorated and the premium payment schedule revised so that a regularly scheduled premium payment will be due on each policy anniversary date. If a second attempt at a payment transfer is rejected, dishonored, returned, reversed or readjusted by your financial institution, causing termination of the payment plan, your policy will automatically be placed on a quarterly direct billing mode, unless you instruct us otherwise by contacting us at our toll-free Client Services phone line.
- 4) Primerica Life will not be liable for any loss, damage or expenses of any kind or nature, including forfeiture of insurance, resulting directly or indirectly from, or in any way connected with the rejection, dishonor, return, reversal or readjustment of a payment transfer by your financial institution.

CONSENT TO ELECTRONIC DELIVERY OF POLICY AND RELATED DISCLOSURES

By consenting to Electronic Policy Delivery on page 1 of this Application, you agree to electronic delivery of your Primerica Life insurance policy and related materials, as well as each of the following terms:

Access and Delivery of Your Policy

If your policy is issued, you will receive an email from us at the below email address letting you know that your policy is available at my.primerica.com. You agree to promptly access and view your policy once you receive this email. Your right to cancel your policy, receive a complete refund, and our right to contest a claim based on statements in your application may depend on when you receive your policy. You are considered to have received your policy when we notify you at the below email address and tell you that your policy is available. Until a policy is issued and delivered to you at my.primerica.com, only Conditional Coverage, if any, exists.

Scope of Communications To Be Provided in Electronic Form

You agree that we may provide you with any communications that we may choose to make available in electronic format, to the extent allowed by law, unless and until you withdraw your consent as described below. We may also continue sending paper communications to you. Your consent to receive electronic communications includes, but is not limited to, all notices, disclosures, authorizations, acknowledgements and other documents relating to your life insurance application and policy.

Electronic Form and Hardware/Software Requirements

Your policy and other information to be provided will be in pdf format. You acknowledge that you have access to the internet and can open materials sent in pdf format. To obtain free pdf software, go to www.adobe.com. The computer hardware and software used to access the Internet is all you will need to view your life insurance policy and other information. To retain a copy of these materials, you may save them, print them or email them to where you can save or print them. To save an electronic copy, you may need up to 13,000 bytes per page. You may also view your policy and other information at any time by logging onto my.primerica.com.

How to Update Your Email Address

To update your email address either email us at PLIC@primerica.com or write to us at [3120 Breckinridge Boulevard, Duluth, GA 30099] and tell us your previous email address, your new email address and policy number.

How to Withdraw Consent or Request Paper Copies

If you would like to receive a paper copy of your policy and related disclosures or to withdraw consent to receive future notices and disclosures in electronic form, you must either email us at PLIC@primerica.com or write to us at [3120 Breckinridge Boulevard, Duluth, GA 30099] and tell us your full name, email address, US Postal address, telephone number and policy number.

Troubleshooting

If you have trouble accessing my.primerica.com to view your policy and related disclosures, you may contact us at 1-866-643-9270.

ADVANCE PREMIUM DEPOSITS AGREEMENT DISCLOSURE

By choosing to pay an additional amount towards your premiums on Page 2, You are authorizing the Company to either directly bill You or collect from Your account that amount. The balance of these payments may not exceed \$5,000 or the maximum permitted under state law (provided that no additional requirements are necessary), whichever is less. If the balance of Your Advance Premium Deposits is less than \$10.00 and no advance premium deposits have been made within the last 12 months, We may return the balance to You. Upon written request, at no charge, You may withdraw a minimum of at least \$100, or the entire balance amount, whichever is less. You will receive an annual statement showing Your balance, Your transactions and any interest earned.

ANNUAL INTEREST – You will earn interest on the balance of Your Advance Premium Deposits based in part on current market conditions. The interest rate is variable, but will not be less than the Benchmark Rate, which is the rate published on the website <http://www.imoney.net.com/retail-money-funds/index.aspx> for the Retail Rate National Averages, Savings and Money Market Accounts, “Regular Savings \$10k”. The published rate as of the last business day of a month will be the effective Benchmark Rate for the following month (for example, the effective Benchmark Rate for September would be the rate published as of the last business day of August on the imoney.net website). The interest earned on Your Advance Premium Deposits is taxable. You should consult a tax advisor. The interest rate You earn on Your Advance Premium Deposits is not tied to, and may be less than, Primerica Life Insurance Company’s earnings on its general account. Interest rates may change without notice. You may obtain the current rate by calling Our toll-free number, [1-800-257-4725, Monday through Friday between 8:00 a.m. and 5:00 p.m. Eastern Standard Time.]

At the end of each Policy Year in which there is a balance in the advance premium deposits, We will credit interest based on the lesser of: 1) the existing balance of the advance premium deposits, or 2) the average balance during the policy year just completed. We reserve the right to make changes to these terms and conditions, including selecting a different Benchmark Rate on which to base interest rates credited. In the event of changes, notice of the proposed changes will be sent to You. You will have 60 days to agree to these changes, otherwise You affirm these changes.

AUTOMATIC WITHDRAWAL OF DEPOSITS UPON PREMIUM DEFAULT – Unless otherwise instructed by You in writing, if any premium under the Policy remains unpaid on the date of default or any extended payment offer, whichever is later, We will withdraw from the advance premium deposits, if sufficient, the amount of such premium necessary to pay the premium due based on the then current premium payment schedule and apply such amount for payment thereof. Your policy will continue to be in lapse mode and the balance of Your Advance Premium Deposits will be returned to You if the balance is insufficient to cover the premium due on the then current premium payment schedule.

TERMINATION AND SETTLEMENT – Upon termination of Your policy by reason other than death of the Insured, You will receive a check for the balance of the advance premiums plus any interest accumulated. In the event of the death of the Insured the then present balance of any advance premium deposits plus any interest earned will be paid to the beneficiary.

THE SAFETY OF YOUR ADVANCE PREMIUM DEPOSITS BALANCE – Any advance premium deposits balances are held by and remain an asset of Primerica Life Insurance Company. These balances are not insured by the Federal Deposit Insurance Corporation (FDIC); however, they are protected by state guaranty funds, up to state coverage limits (generally \$300,000).

THE BALANCE OF YOUR ADVANCE PREMIUM DEPOSITS FUNDS – We assume no responsibility whatsoever as to how the funds in Your Advance Premium Deposits balance are applied, except as described for in AUTOMATIC WITHDRAWAL OF DEPOSITS UPON PREMIUM DEFAULT above. It is Your responsibility to consider whether and when to adjust Your premium payment schedule to a less frequent basis in order to reduce overall premium costs.

QUESTIONS OR TO STOP THE COLLECTIONS OF ADVANCE PREMIUMS – If You would like to stop the collection of advance premiums or if You have a question or need more information, call Our toll-free number, [1-800-257-4725, Monday through Friday between 8:00 a.m. and 5:00 p.m. Eastern Standard Time.]

NOTICE AND CONSENT FORM FOR AIDS VIRUS (HIV) TESTING

To evaluate your eligibility for insurance or insurance benefits, it is requested that you consent to be tested for the AIDS virus (HIV). By signing and dating this Application on page 8, you agree that this test may be performed and that underwriting decisions will be based on the test results.

DISCLOSURE OF TEST RESULTS:

All test results will be treated confidentially. The results of the test will be reported to Primerica Life Insurance Company. Results of the tests will not otherwise be disclosed except as allowed by law or as stated below.

MEANING OF TEST RESULTS:

While positive HIV antibody test results do not mean that you have AIDS, they do mean that you may be at increased risk of developing AIDS or AIDS-related conditions. The test is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus.

Positive HIV antibody test results could adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

RELEASE OF RESULTS:

The results of this test may be released to the following:

- (1) the proposed insured;
- (2) the person legally authorized to consent to the test;
- (3) a licensed physician, medical practitioner, or other person designated by the proposed insured;
- (4) an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular proposed insured;
- (5) a reinsurer, if the reinsurer is involved in the underwriting process, under procedures that are designed to assure confidentiality;
- (6) persons who have the responsibility to make underwriting decisions on behalf of the insurer; or
- (7) insurer's legal counsel who needs such information to effectively represent the insurer in regard to matters concerning the proposed insured.

The insurer may contact you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may want to discuss the results.

CONSENT:

I have read and I understand this Notice and Consent Form. I voluntarily consent to testing and disclosure as described above. I understand that I have the right to request and receive a copy of this form. A photocopy of this form will be as valid as the original.

Important Notice: Replacement of Life Insurance or Annuities

If you have existing insurance, your Primerica Representative will offer to read to you this section.

You are contemplating the purchase of a life insurance policy and/or rider. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy and/or rider or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy and/or rider or an annuity contract involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy and/or rider. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and also those asked and recorded by your Representative.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy and/or rider or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You may return your policy and/or rider to Primerica Life for any reason within 30 days after you receive it. If returned, it will be considered void from the beginning. Any premium paid will be refunded.

Your representative will complete the following information:

CONTRACT OR POLICY PROVISION	EXISTING POLICY (for more policies use an additional PLA-208 AR)			REPLACEMENT POLICY
	Policy 1	Policy 2	Policy 3	
Current Proposed Premium/Annual Consideration				
Current Contract Value				N/A
Current Surrender Value				N/A
Death Benefit Amount				
Current Interest Rate & Guarantee Period				N/A
Guaranteed Minimum Accumulation/ Interest Rate				N/A
Surrender Charge Period in Years/Charge Percentage Per Year/Years Remaining				N/A
Are free withdrawals available? If yes, what percentage? List options.				N/A
Other Significant Policy or Contract Provision				

You should discuss the above information and following questions with your representative to determine whether replacement or financing your purchase makes sense.

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request an in force illustration, the policy summary or available disclosure documents, one must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

PREMIUMS. Are they affordable? Could they change? You're older -- are premiums higher for the proposed new policy and/or rider? How long will you have to pay premiums on the new policy and/or rider? On the old policy?

POLICY VALUES. New policies and/or riders usually take longer to build cash values and to pay dividends. Acquisition costs for the old policy may have been paid, you will incur costs for the new one. What surrender charges do the policies have? What expense and sales charges will you pay on the new policy and/or rider? Does the new policy and/or rider provide more insurance coverage?

INSURABILITY. If your health has changed since you bought your old policy, the new one could cost you more or you could be turned down. You may need a medical exam for a new policy and/or rider. Claims on most new policies and/or riders for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY AND/OR RIDER. How are premiums for both policies being paid? How will the premiums on your existing policy and/or rider be affected? Will a loan be deducted from death benefits? What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT. Will you pay surrender charges on your old contract? What is the interest rate guarantee for the new contract? Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS. What are the tax consequences of buying a new policy and/or rider? Is this a tax-free exchange? (See your tax advisor.) Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Will the existing insurer be willing to modify the old policy and/or rider? How does the quality and financial stability of the new company compare with your existing company?

SERFF Tracking Number:	MCHX-G127138026	State:	Arkansas
Filing Company:	Primerica Life Insurance Company	State Tracking Number:	48581
Company Tracking Number:	PLF11AA0AR		
TOI:	L04I Individual Life - Term	Sub-TOI:	L04I.500 Other
Product Name:	PLF11AA0 - Individual Term Life - Primerica Life I		
Project Name/Number:	PLF11AA0 - Individual Term Life - Primerica Life Insurance Company /PLF11AA0 - Individual Term Life - Primerica Life Insurance Company		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
AR - READABILITY CERTIFICATION.PDF		
AR Cert of Compliance with Rule 19.PDF		
AR Certificate of Compliance 23-79-138 and RR 49.PDF		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
See forms tab		

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter		
Comments:		
Attachment:		
2011 Authorization Letter for McHugh.PDF		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		
Statement of Variability - 3_18_11.PDF		

	Item Status:	Status Date:
--	---------------------	---------------------

SERFF Tracking Number: MCHX-G127138026 *State:* Arkansas
Filing Company: Primerica Life Insurance Company *State Tracking Number:* 48581
Company Tracking Number: PLF11AA0AR
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.500 Other
Product Name: PLF11AA0 - Individual Term Life - Primerica Life I
Project Name/Number: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company /PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

Satisfied - Item: PLF11AA0AR Highlighted Version,
PLF11AB0AR Highlighted Version

Comments:

Attachments:


PLF11AA0AR - Final w changes highlighted- 5_3_11.PDF
PLF11AB0AR - Final w changes highlighted - 5_3_11.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Primerica Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
PLF11AA0AR	64
PLF11AB0	85
PLF11AC0	87
PLF11AD0	70
PLF11AE0	71
SFA-50 AR	58
PLA-116 AR	61
PLA-99	64
PLA-208 AR	47

Signed: 
Name: Steven A. Reidich
Title: Senior Vice President, Chief Legal Officer

Date: April 22, 2011

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Primerica Life Insurance Company

Form Number(s): PLF11AA0AR
PLF11AB0
PLF11AC0
PLF11AD0
PLF11AE0
SFA-50 AR
PLA-116 AR
PLA-99
PLA-208 AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Steven A. Reidich

Name

Senior Vice President & Chief Legal Officer

Title

April 22, 2011

Date

CERTIFICATE OF COMPLIANCE

Insurer: Primerica Life Insurance Company

Form Numbers:

**PLF11AA0AR, PLF11AB0, PLF11AC0, PLF11AD0, PLF11AE0,
SFA-50 AR, PLA-116 AR, PLA-99, PLA-208 AR**

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).

Signature of Company Officer



Name

Steven A. Reidich

Title

Sr. Vice President & Chief Legal
Officer

Date 4/22/11



Primerica Life Insurance Company
Office of the General Counsel
3120 Breckinridge Boulevard
Duluth, GA 30099-000
NAIC #041-65919

Tel 1 866 230 6617
Tel 770 564-7941
Fax 770 564 7948

January 5, 2011

Re: Attached Filing Submission

Please accept this letter as authorization from Primerica Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms/rates as referenced in the corresponding SERFF filing on behalf of Primerica Life Insurance Company.

Sincerely,

A handwritten signature in black ink, which appears to read "Steven A. Reidich", is positioned above a thin vertical red line.

Steven A. Reidich
Senior Vice President

Statement of Variability

Forms PLF11AA0AR (10), PLF11AA0AR (15), PLF11AA0AR (20), PLF11AA0AR (30), PLF11AA0AR (35)

Face Page

The Secretary and President signatures are variable and will change if the individuals holding either of those offices change.

All other variable items are on the specifications pages only.

Page 3

The policy number, insured name, issue age, issue date, face amount, policy date, premium class, expiry dates and scheduled annual premiums are variable. Determination of these variable components depends upon the particular insured person, and class and insurance amount issued.

The first year and total year cost for the first year under four different payment schedules (annual, semi-annual, quarterly, monthly) are variable presentations of the premium amount.

Our telephone number is variable.

Page 3A

The policy year, attained age, scheduled annual premium, maximum annual premium and face amount are variable depending upon these factors.



**Primerica Life
Insurance Company**
3120 Breckinridge Boulevard
Duluth, Georgia 30099-0001

For Policyowner Service
Call 1-800-257-4725
www.primerica.com

We will pay the Face Amount, in a lump sum, to the Beneficiary upon receiving due proof that the Insured died before the Expiry Date and while this Policy was in force. This agreement is subject to the provisions on the following pages, which constitute the Policy.

RIGHT TO RETURN POLICY: You may return this Policy to Us or Our authorized agent for any reason within 30 days after You receive it or any longer period as may be required by the applicable law in the state where the policy is issued for delivery. If returned, it will be considered void from the beginning. Any premium paid will be refunded.

This Policy is effective at 12:01 A.M. on the Date of Issue.

Signed on the Date of Issue at Our Executive Offices.

[]
Secretary

[]
President

TERM LIFE INSURANCE TO AGE 95

PREMIUMS ARE SUBJECT TO CHANGE

EXCHANGEABLE AFTER FIVE YEARS TO ANNUAL INCREASING PREMIUM
OR DECREASING TERM INSURANCE TO AGE 100

NONPARTICIPATING

Primerica Life Insurance Company
(A Stock Company)
Home Office: Boston, Massachusetts

TABLE OF CONTENTS

PART 1:	DEFINITIONS	Page 4
PART 2:	GENERAL PROVISIONS	Page 4
PART 3:	BENEFICIARY PROVISIONS	Page 5
PART 4:	PREMIUM PROVISIONS	Page 6
PART 5:	EXCHANGE PROVISIONS	Page 7

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE: [MAY 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MAY 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MAY 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 20 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-20]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$855.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$855.00]	[\$444.60]	[\$226.58]	[\$81.23]
TOTAL YEARLY COST				
FIRST YEAR	[\$855.00]	[\$889.20]	[\$906.32]	[\$974.76]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$855.00	\$855.00	\$200,000.00]
[02	36	\$855.00	\$855.00	\$200,000.00]
[03	37	\$855.00	\$855.00	\$200,000.00]
[04	38	\$855.00	\$855.00	\$200,000.00]
[05	39	\$855.00	\$855.00	\$200,000.00]
[06	40	\$855.00	\$855.00	\$200,000.00]
[07	41	\$855.00	\$855.00	\$200,000.00]
[08	42	\$855.00	\$855.00	\$200,000.00]
[09	43	\$855.00	\$855.00	\$200,000.00]
[10	44	\$855.00	\$855.00	\$200,000.00]
[11	45	\$855.00	\$855.00	\$200,000.00]
[12	46	\$855.00	\$855.00	\$200,000.00]
[13	47	\$855.00	\$855.00	\$200,000.00]
[14	48	\$855.00	\$855.00	\$200,000.00]
[15	49	\$855.00	\$855.00	\$200,000.00]
[16	50	\$855.00	\$855.00	\$200,000.00]
[17	51	\$855.00	\$855.00	\$200,000.00]
[18	52	\$855.00	\$855.00	\$200,000.00]
[19	53	\$855.00	\$855.00	\$200,000.00]
[20	54	\$855.00	\$855.00	\$200,000.00]
[21	55	\$2,643.00	\$4,893.00	\$200,000.00]
[22	56	\$2,643.00	\$4,893.00	\$200,000.00]
[23	57	\$2,643.00	\$4,893.00	\$200,000.00]
[24	58	\$2,643.00	\$4,893.00	\$200,000.00]
[25	59	\$2,643.00	\$4,893.00	\$200,000.00]
[26	60	\$4,307.00	\$7,455.00	\$200,000.00]
[27	61	\$4,307.00	\$7,455.00	\$200,000.00]
[28	62	\$4,307.00	\$7,455.00	\$200,000.00]
[29	63	\$4,307.00	\$7,455.00	\$200,000.00]
[30	64	\$4,307.00	\$7,455.00	\$200,000.00]
[31	65	\$6,935.00	\$11,031.00	\$200,000.00]
[32	66	\$6,935.00	\$11,031.00	\$200,000.00]
[33	67	\$6,935.00	\$11,031.00	\$200,000.00]
[34	68	\$6,935.00	\$11,031.00	\$200,000.00]
[35	69	\$6,935.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MAY 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MAY 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MAY 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 10 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 10 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-10]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$467.00]

*The Scheduled Annual Premiums shown above are guaranteed for 10 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$467.00]	[\$242.84]	[\$123.76]	[\$44.37]
TOTAL YEARLY COST FIRST YEAR	[\$467.00]	[\$485.68]	[\$495.04]	[\$532.44]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$467.00	\$467.00	\$200,000.00]
[02	36	\$467.00	\$467.00	\$200,000.00]
[03	37	\$467.00	\$467.00	\$200,000.00]
[04	38	\$467.00	\$467.00	\$200,000.00]
[05	39	\$467.00	\$467.00	\$200,000.00]
[06	40	\$467.00	\$467.00	\$200,000.00]
[07	41	\$467.00	\$467.00	\$200,000.00]
[08	42	\$467.00	\$467.00	\$200,000.00]
[09	43	\$467.00	\$467.00	\$200,000.00]
[10	44	\$467.00	\$467.00	\$200,000.00]
[11	45	\$1,101.00	\$1,701.00	\$200,000.00]
[12	46	\$1,101.00	\$1,701.00	\$200,000.00]
[13	47	\$1,101.00	\$1,701.00	\$200,000.00]
[14	48	\$1,101.00	\$1,701.00	\$200,000.00]
[15	49	\$1,101.00	\$1,701.00	\$200,000.00]
[16	50	\$1,657.00	\$2,971.00	\$200,000.00]
[17	51	\$1,657.00	\$2,971.00	\$200,000.00]
[18	52	\$1,657.00	\$2,971.00	\$200,000.00]
[19	53	\$1,657.00	\$2,971.00	\$200,000.00]
[20	54	\$1,657.00	\$2,971.00	\$200,000.00]
[21	55	\$2,643.00	\$4,893.00	\$200,000.00]
[22	56	\$2,643.00	\$4,893.00	\$200,000.00]
[23	57	\$2,643.00	\$4,893.00	\$200,000.00]
[24	58	\$2,643.00	\$4,893.00	\$200,000.00]
[25	59	\$2,643.00	\$4,893.00	\$200,000.00]
[26	60	\$4,307.00	\$7,455.00	\$200,000.00]
[27	61	\$4,307.00	\$7,455.00	\$200,000.00]
[28	62	\$4,307.00	\$7,455.00	\$200,000.00]
[29	63	\$4,307.00	\$7,455.00	\$200,000.00]
[30	64	\$4,307.00	\$7,455.00	\$200,000.00]
[31	65	\$6,935.00	\$11,031.00	\$200,000.00]
[32	66	\$6,935.00	\$11,031.00	\$200,000.00]
[33	67	\$6,935.00	\$11,031.00	\$200,000.00]
[34	68	\$6,935.00	\$11,031.00	\$200,000.00]
[35	69	\$6,935.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MAY 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MAY 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MAY 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 15 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 15 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-15]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$703.00]

*The Scheduled Annual Premiums shown above are guaranteed for 15 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$703.00]	[\$365.56]	[\$186.30]	[\$66.79]
TOTAL YEARLY COST FIRST YEAR	[\$703.00]	[\$731.12]	[\$745.20]	[\$801.48]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$703.00	\$703.00	\$200,000.00]
[02	36	\$703.00	\$703.00	\$200,000.00]
[03	37	\$703.00	\$703.00	\$200,000.00]
[04	38	\$703.00	\$703.00	\$200,000.00]
[05	39	\$703.00	\$703.00	\$200,000.00]
[06	40	\$703.00	\$703.00	\$200,000.00]
[07	41	\$703.00	\$703.00	\$200,000.00]
[08	42	\$703.00	\$703.00	\$200,000.00]
[09	43	\$703.00	\$703.00	\$200,000.00]
[10	44	\$703.00	\$703.00	\$200,000.00]
[11	45	\$703.00	\$703.00	\$200,000.00]
[12	46	\$703.00	\$703.00	\$200,000.00]
[13	47	\$703.00	\$703.00	\$200,000.00]
[14	48	\$703.00	\$703.00	\$200,000.00]
[15	49	\$703.00	\$703.00	\$200,000.00]
[16	50	\$1,657.00	\$2,971.00	\$200,000.00]
[17	51	\$1,657.00	\$2,971.00	\$200,000.00]
[18	52	\$1,657.00	\$2,971.00	\$200,000.00]
[19	53	\$1,657.00	\$2,971.00	\$200,000.00]
[20	54	\$1,657.00	\$2,971.00	\$200,000.00]
[21	55	\$2,643.00	\$4,893.00	\$200,000.00]
[22	56	\$2,643.00	\$4,893.00	\$200,000.00]
[23	57	\$2,643.00	\$4,893.00	\$200,000.00]
[24	58	\$2,643.00	\$4,893.00	\$200,000.00]
[25	59	\$2,643.00	\$4,893.00	\$200,000.00]
[26	60	\$4,307.00	\$7,455.00	\$200,000.00]
[27	61	\$4,307.00	\$7,455.00	\$200,000.00]
[28	62	\$4,307.00	\$7,455.00	\$200,000.00]
[29	63	\$4,307.00	\$7,455.00	\$200,000.00]
[30	64	\$4,307.00	\$7,455.00	\$200,000.00]
[31	65	\$6,935.00	\$11,031.00	\$200,000.00]
[32	66	\$6,935.00	\$11,031.00	\$200,000.00]
[33	67	\$6,935.00	\$11,031.00	\$200,000.00]
[34	68	\$6,935.00	\$11,031.00	\$200,000.00]
[35	69	\$6,935.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MAY 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MAY 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MAY 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 30 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-30]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$1,025.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$1,025.00]	[\$533.00]	[\$271.63]	[\$97.38]
TOTAL YEARLY COST				
FIRST YEAR	[\$1,025.00]	[\$1,066.00]	[\$1,086.52]	[\$1,168.56]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$1,025.00	\$1,025.00	\$200,000.00]
[02	36	\$1,025.00	\$1,025.00	\$200,000.00]
[03	37	\$1,025.00	\$1,025.00	\$200,000.00]
[04	38	\$1,025.00	\$1,025.00	\$200,000.00]
[05	39	\$1,025.00	\$1,025.00	\$200,000.00]
[06	40	\$1,025.00	\$1,025.00	\$200,000.00]
[07	41	\$1,025.00	\$1,025.00	\$200,000.00]
[08	42	\$1,025.00	\$1,025.00	\$200,000.00]
[09	43	\$1,025.00	\$1,025.00	\$200,000.00]
[10	44	\$1,025.00	\$1,025.00	\$200,000.00]
[11	45	\$1,025.00	\$1,025.00	\$200,000.00]
[12	46	\$1,025.00	\$1,025.00	\$200,000.00]
[13	47	\$1,025.00	\$1,025.00	\$200,000.00]
[14	48	\$1,025.00	\$1,025.00	\$200,000.00]
[15	49	\$1,025.00	\$1,025.00	\$200,000.00]
[16	50	\$1,025.00	\$1,025.00	\$200,000.00]
[17	51	\$1,025.00	\$1,025.00	\$200,000.00]
[18	52	\$1,025.00	\$1,025.00	\$200,000.00]
[19	53	\$1,025.00	\$1,025.00	\$200,000.00]
[20	54	\$1,025.00	\$1,025.00	\$200,000.00]
[21	55	\$1,025.00	\$4,893.00	\$200,000.00]
[22	56	\$1,025.00	\$4,893.00	\$200,000.00]
[23	57	\$1,025.00	\$4,893.00	\$200,000.00]
[24	58	\$1,025.00	\$4,893.00	\$200,000.00]
[25	59	\$1,025.00	\$4,893.00	\$200,000.00]
[26	60	\$1,025.00	\$7,455.00	\$200,000.00]
[27	61	\$1,025.00	\$7,455.00	\$200,000.00]
[28	62	\$1,025.00	\$7,455.00	\$200,000.00]
[29	63	\$1,025.00	\$7,455.00	\$200,000.00]
[30	64	\$1,025.00	\$7,455.00	\$200,000.00]
[31	65	\$6,935.00	\$11,031.00	\$200,000.00]
[32	66	\$6,935.00	\$11,031.00	\$200,000.00]
[33	67	\$6,935.00	\$11,031.00	\$200,000.00]
[34	68	\$6,935.00	\$11,031.00	\$200,000.00]
[35	69	\$6,935.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MAY 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MAY 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MAY 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 35 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-35]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$1,213.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$1,213.00]	[\$630.76]	[\$321.45]	[\$115.24]
TOTAL YEARLY COST				
FIRST YEAR	[\$1,213.00]	[\$1,261.52]	[\$1,285.80]	[\$1,382.88]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$1,213.00	\$1,213.00	\$200,000.00]
[02	36	\$1,213.00	\$1,213.00	\$200,000.00]
[03	37	\$1,213.00	\$1,213.00	\$200,000.00]
[04	38	\$1,213.00	\$1,213.00	\$200,000.00]
[05	39	\$1,213.00	\$1,213.00	\$200,000.00]
[06	40	\$1,213.00	\$1,213.00	\$200,000.00]
[07	41	\$1,213.00	\$1,213.00	\$200,000.00]
[08	42	\$1,213.00	\$1,213.00	\$200,000.00]
[09	43	\$1,213.00	\$1,213.00	\$200,000.00]
[10	44	\$1,213.00	\$1,213.00	\$200,000.00]
[11	45	\$1,213.00	\$1,213.00	\$200,000.00]
[12	46	\$1,213.00	\$1,213.00	\$200,000.00]
[13	47	\$1,213.00	\$1,213.00	\$200,000.00]
[14	48	\$1,213.00	\$1,213.00	\$200,000.00]
[15	49	\$1,213.00	\$1,213.00	\$200,000.00]
[16	50	\$1,213.00	\$1,213.00	\$200,000.00]
[17	51	\$1,213.00	\$1,213.00	\$200,000.00]
[18	52	\$1,213.00	\$1,213.00	\$200,000.00]
[19	53	\$1,213.00	\$1,213.00	\$200,000.00]
[20	54	\$1,213.00	\$1,213.00	\$200,000.00]
[21	55	\$1,213.00	\$4,893.00	\$200,000.00]
[22	56	\$1,213.00	\$4,893.00	\$200,000.00]
[23	57	\$1,213.00	\$4,893.00	\$200,000.00]
[24	58	\$1,213.00	\$4,893.00	\$200,000.00]
[25	59	\$1,213.00	\$4,893.00	\$200,000.00]
[26	60	\$1,213.00	\$7,455.00	\$200,000.00]
[27	61	\$1,213.00	\$7,455.00	\$200,000.00]
[28	62	\$1,213.00	\$7,455.00	\$200,000.00]
[29	63	\$1,213.00	\$7,455.00	\$200,000.00]
[30	64	\$1,213.00	\$7,455.00	\$200,000.00]
[31	65	\$1,213.00	\$11,031.00	\$200,000.00]
[32	66	\$1,213.00	\$11,031.00	\$200,000.00]
[33	67	\$1,213.00	\$11,031.00	\$200,000.00]
[34	68	\$1,213.00	\$11,031.00	\$200,000.00]
[35	69	\$1,213.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

PART 1 DEFINITIONS

These are some key words used in this Policy.

1. **ATTAINED AGE** - The Issue Age plus the number of policy years since the Policy Date.
2. **BENEFICIARY** - The person(s) to whom the Policy proceeds are payable at the death of the Insured. This is the person(s) named in the application as the Beneficiary, unless later changed (see Part 3).
3. **DATE OF ISSUE** - The date shown on Page 3 on which We issue the Policy to You. This date controls the Incontestability and Suicide Exclusion provisions in Part 2.
4. **EXPIRY DATE** - The date shown on Page 3. The Policy continues until this date. It is not in force on or after this date.
5. **FACE AMOUNT** - The amount of insurance for each policy year which is shown in Table A on Page 3A.
6. **INSURED** - The person whose life the Policy insures and who is named in the Policy Specifications.
7. **ISSUE AGE** - The Insured's age on the birthday nearest the Policy Date.
8. **NOTICE TO US** - Communication We have received from You which is acceptable to Us.
9. **POLICY DATE** - The date shown on Page 3 from which premium due dates, policy anniversaries, policy years and policy months are measured.
10. **PREMIUM CLASS** - The risk classification used in determining what premiums You pay.
11. **WE, OUR or US** - Primerica Life Insurance Company.
12. **YOU or YOUR** - The Owner of the Policy. Unless You tell Us otherwise, the Owner is the Insured.

PART 2 GENERAL PROVISIONS

OWNER OF POLICY - This Policy belongs to You. During the Insured's life, You have all of the rights described in this Policy. You may change the Owner by Notice to Us. Unless otherwise specified the change in owner designation is effective the date the Notice to Us is signed, subject to any payments made or actions taken by Us prior to receipt of the Notice. If You die, Your rights will pass to the named contingent owner, if any. If there is no named contingent owner, Your rights will pass to the Insured.


THE CONTRACT - This Policy is issued in consideration of the application and payment of the first premium. A copy of the application and any supplemental applications (including, but not limited to, interviews and examination reports), is attached and is a part of the Policy. Together, they are the entire contract. All statements in the application, except fraudulent ones, are deemed to be representations and not warranties. No statement will void this Policy or be used in defense of a claim unless: (1) it is contained in a written application; and (2) a copy of that application is attached to this Policy.

DUPLICATE POLICY - You may request a duplicate copy of Your current Policy, that will not contain a copy of the application(s), unless requested by You. A duplicate Policy request should be sent to Us at Our Executive Offices. We will charge a fee for each duplicate Policy request.

WAIVER OR MODIFICATION - Any change to this Policy must be in writing and signed by Our President or Secretary. No agent or any other person can change this Policy or waive any of its provisions on Our behalf.

MISSTATEMENT OF AGE - If the age of the Insured has been misstated in the application, the death benefit shall be what the most recent premium would have purchased for the correct age.

INCONTESTABILITY - We will not contest this Policy after it has been in force for two years during the Insured's life except for non-payment of premium and fraud in the procurement of the policy, when permitted by applicable law in the state where the policy is delivered or issued for delivery. The two years begin on the Date of Issue.

SUICIDE EXCLUSION - If the Insured dies  suicide, while sane or insane, within two years of the Date of Issue, We are only liable for the premiums paid.

REPLACED COVERAGE - If insurance coverage (excluding group coverage) is to be replaced, as shown in the application, and has terminated: (a) prior to the Insured's death, including death by suicide; and (b) between 60 days before and 60 days after the Date of Issue of this Policy, We will not contest the amount of the replaced coverage that would not have been contestable had it not been replaced. If it is not possible to terminate any coverage to be replaced because of its provisions within 60 days after the Date of Issue of this Policy, such 60-day period will be extended to the earliest possible date for the coverage to be terminated under its provisions. For example, You are insured under another company's policy for \$100,000 and that policy has been in force two years. If this Policy replaced the other company's policy, We would not contest this Policy for up to \$100,000. We would however, be able to contest any amount over \$100,000.

NONPARTICIPATION - This Policy does not participate in Our profits or surplus.

ASSIGNMENT - You may assign Your rights under this Policy. You must give Notice to Us of the assignment. Unless otherwise specified, the assignment is effective on the date the Notice to Us is signed, subject to any payments made or actions taken by Us prior to receipt of the Notice to Us. We are not responsible for the validity of any assignment. The interest of any Beneficiary not designated irrevocable will be subject to the rights of any assignee.

PAYMENT OF PROCEEDS - Due proof of the death of the Insured must be sent to Us at Our Executive Offices. We must receive a certified death certificate, completed claim forms and a valid authorization for Us to obtain all medical and other records concerning the Insured. Death proceeds equal: (1) the Face Amount of this Policy as shown in Table A on Page 3A; plus (2) any rider benefits; and minus (3) any overdue premium if death occurs during a grace period. Any interest payable on death proceeds will be paid according to applicable state law.

A Beneficiary may choose to receive installments for a fixed period. If chosen, the proceeds will be paid in equal payments for a fixed period. The frequency of the installments and the fixed period will be as selected. The fixed period may not exceed 25 years. The amount of each installment will be determined from the table below. The interest paid under this option is 0.75%. This option will be available only if the amount to be paid to any Beneficiary is at least \$10,000 and is also sufficient to provide a periodic payment of at least \$25.

MONTHLY INSTALLMENTS FOR EACH \$1,000 PAYABLE

Fixed Period in Years	Monthly Amount*	Fixed Period in Years	Monthly Amount*	Fixed Period in Years	Monthly Amount*	Fixed Period in Years	Monthly Amount*	Fixed Period in Years	Monthly Amount*
1	\$83.62	6	\$14.20	11	\$ 7.89	16	\$ 5.52	21	\$ 4.29
2	41.97	7	12.22	12	7.26	17	5.22	22	4.11
3	28.08	8	10.73	13	6.72	18	4.95	23	3.94
4	21.14	9	9.57	14	6.27	19	4.70	24	3.79
5	16.97	10	8.65	15	5.87	20	4.48	25	3.65

* Multiply the monthly installment by 2.998 to obtain the quarterly installment; by 5.991 to obtain the semiannual installment; and by 11.959 to obtain the annual installment.

CANCELLATION - You may cancel Your Policy at any time by Notice to Us. Your Policy will be canceled as of the date We receive the Notice, or, if stated in Your Notice, as of a later date. If this Policy is canceled before the Expiry Date and premiums have been paid in advance, We will refund any unearned portion of the premiums paid beyond the end of the policy month in which cancellation occurred.

PART 3 BENEFICIARY PROVISIONS

BENEFICIARY - The Beneficiary's interest will end if the Beneficiary dies before the Insured. If no primary Beneficiary is living at the Insured's death, the death proceeds will be paid to any contingent Beneficiary living at the Insured's death. The proceeds will be paid to the Owner if the Insured dies and there is no living primary or contingent Beneficiary. Proceeds will be paid to the Insured's estate if there is no living Beneficiary or Owner. We may rely on a sworn statement by any responsible person to discover the identity or nonexistence of any Beneficiary not identified by name.

CHANGE OF BENEFICIARY - You can change a Beneficiary by Notice to Us. You can only change a Beneficiary while the Insured is alive. A Beneficiary designated irrevocable on Our records may not be changed except with the written consent of that Beneficiary. A Beneficiary change will take effect on the date of the Notice to Us unless otherwise specified by You. If the Insured died before We receive this Notice, the change is effective, subject to any prior payment of proceeds.

PART 4 PREMIUM PROVISIONS

PREMIUM PAYMENTS - Premiums are payable to Us in advance. The first premium is due on or before delivery of this Policy and may be paid to Us through one of Our agents. Subsequent premiums must be paid to Us at Our Executive Offices and are due at 12, 6, 3 or 1 Policy month intervals, depending on the premium payment option You chose in the application. The premiums shown on Page 3A are for the premium payment option You chose. Premium amounts for all available payment options are on Page 3. More frequent payments result in a higher total annualized premium. You may change the premium payment option for future premium payments upon Notice to Us. Premiums are not due for any period after the Insured's death or the Expiry Date.

If a part of the total premium is no longer payable under the provisions of a Rider, the total premium will be adjusted accordingly.

PREMIUM CHANGES BY COMPANY - Premiums for this Policy will be the scheduled premiums shown on Pages 3 and 3A, unless changed by Us. We reserve the right to change the scheduled premiums. We will not change them more often than once a year, and in no event will the scheduled premiums be greater than the maximum premiums shown on Page 3A. Any such change will apply uniformly to all policies of this form issued to Insureds having the same Issue Age, duration, Premium Class, year, month, and state of issue; and will be based on future anticipated or emerging experience, including, but not limited to investment earnings, mortality, persistency, taxes and expenses. No change in premiums or Premium Class will occur because of deterioration of the Insured's health or change in occupation.

We will mail written notice to You at least 60 days prior to the date on which a change in Your scheduled premiums will become effective. We will send You new policy specifications pages to reflect any changes in scheduled premiums.

OTHER PREMIUM CHANGES - Changes requested by You and approved by Us to the Face Amount or Premium Class of this Policy or the Face Amount or Premium Class of any Riders may also change Your scheduled premiums.

RETURN OF UNEARNED PREMIUM AT DEATH - In the event of the Insured's death, the proceeds payable to the Beneficiary under this Policy shall include premiums paid for any period beyond the end of the Policy month in which death occurred.

GRACE PERIOD - This Policy has a 31 day grace period. This means that, except for the first premium, if a premium is not paid on or before the date it is due, it may be paid during the next 31 days. No interest will be charged for this late payment. During this 31 day period, the Policy will stay in force. If You do not pay the premium by the end of the grace period, this Policy will automatically terminate.

REINSTATEMENT - If this Policy terminates due to unpaid premium, it may be reinstated within three years after the date the first unpaid premium was due, if prior to the Expiry Date.

To reinstate this Policy, We must have evidence of insurability satisfactory to Us for all persons to be covered and payment of all unpaid premiums, plus interest at 6% per year compounded annually. The Policy Date of the reinstated policy will remain the original Policy Date. The reinstated date is the date We approve the reinstatement application.

Another option for reinstating this Policy is by providing evidence of insurability satisfactory to Us for all persons to be covered and payment of one month's premium. The Policy Date of the reinstated policy will be adjusted based on the length of time Your policy was lapsed. Reinstatement in this manner may result in changes in insurance age(s) and premiums may increase. You will be notified by Us if there is a premium increase. The reinstated date is the date We approve the reinstatement application.

The reinstated Policy shall be incontestable to the same extent as indicated in the above Incontestability Provision, from the reinstated date based only on statements in the reinstatement application, unless the original contestable period has not expired. This means that the two year contestable period will begin anew with the reinstatement.

PART 5
EXCHANGE PROVISIONS

EXCHANGE AT ATTAINED AGE - This Policy provides coverage until the Expiry Date, or You may exchange this Policy at any time after it has been in force for five years to the Annual Increasing Premium Term Insurance to Age 100 Plan or the Decreasing Term Insurance to Age 100 Plan described below. If the exchange is for the same class of insurance, we will not require evidence of insurability. The new plan will take effect on the exchange date and this Policy will terminate. However, the new plan's Incontestability and Suicide Exclusion provisions will be controlled by the Date of Issue of this Policy. We will issue either revised policy specifications pages or a new policy.

The following conditions are necessary for exchange: (1) We receive Notice to Us requesting an exchange; (2) the face amount of the new plan is not less than the minimum required by Us nor greater than the Face Amount in effect under this Policy on the exchange date; (3) the required premium is paid within 31 days after the exchange date; (4) the Insured is alive; (5) this Policy is in force on the exchange date; and (6) premiums for Your current Policy are not being waived under any rider attached to this Policy. The exchange plan will be issued at Our premium rates for that plan for the Insured's Attained Age on the exchange date based on the same Premium Class shown on Page 3, provided the face amount of the new plan is not less than the minimum required by Us nor greater than the Face Amount in effect under this Policy on the exchange date.

ANNUAL INCREASING PREMIUM TERM INSURANCE TO AGE 100 PLAN - For this plan, the face amount remains level while premiums increase each year with Attained Age. Annual premiums per \$1,000 face amount for this plan are shown below in Table B. We reserve the right to change the scheduled premiums shown in Table B. We will not change the premiums to more than the maximum premiums shown in Table B.

TABLE B
NON-TOBACCO USE
ANNUAL EXCHANGE PREMIUMS PER \$1,000 FACE AMOUNT
THE ANNUAL POLICY FEE OF \$75 MUST BE ADDED.

AGE	SCHEDULED				MAXIMUM	AGE	SCHEDULED				MAXIMUM
	\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS		\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS
20	\$ 1.13	\$ 1.10	\$ 0.99	\$ 0.90	\$ 1.64	60	\$ 11.55	\$ 10.43	\$ 9.68	\$ 9.24	\$ 16.01
21	1.13	1.10	0.99	0.90	1.64	61	12.75	11.52	10.69	10.20	17.37
22	1.13	1.10	0.99	0.90	1.64	62	14.09	12.73	11.81	11.27	18.87
23	1.13	1.10	0.99	0.90	1.64	63	15.49	13.99	12.99	12.39	20.40
24	1.13	1.10	0.99	0.90	1.64	64	17.01	15.36	14.27	13.60	22.07
25	1.13	1.10	0.99	0.90	1.64	65	18.67	16.87	15.67	14.94	23.91
26	1.13	1.10	0.99	0.90	1.64	66	20.40	18.43	17.11	16.33	25.94
27	1.13	1.10	0.99	0.90	1.64	67	22.30	20.29	18.71	17.85	28.17
28	1.13	1.10	0.99	0.90	1.64	68	24.41	22.36	20.48	19.53	30.66
29	1.13	1.10	0.99	0.90	1.64	69	26.03	24.02	21.83	20.82	33.38
30	1.13	1.10	0.99	0.90	1.64	70	28.64	26.61	24.03	22.91	36.39
31	1.13	1.10	0.99	0.90	1.64	71	31.46	29.45	26.51	25.24	39.86
32	1.13	1.10	0.99	0.90	1.64	72	34.48	32.49	29.18	27.73	43.73
33	1.13	1.10	0.99	0.90	1.64	73	38.48	35.82	32.10	30.44	47.92
34	1.19	1.16	1.04	0.95	1.77	74	42.92	39.50	35.31	33.42	52.53
35	1.26	1.22	1.09	1.00	1.93	75	47.89	43.57	38.89	36.74	57.64
36	1.34	1.29	1.17	1.07	2.06	76	53.49	48.12	42.86	40.42	63.24
37	1.45	1.39	1.26	1.15	2.23	77	59.73	53.15	47.28	44.51	69.40
38	1.51	1.45	1.31	1.21	2.31	78	66.68	58.71	52.16	49.02	76.22
39	1.63	1.56	1.42	1.30	2.44	79	74.36	64.79	57.52	53.94	83.57
40	1.77	1.69	1.54	1.42	2.60	80	82.78	71.41	63.35	59.32	91.80
41	1.91	1.81	1.65	1.53	2.75	81	91.98	78.57	69.69	65.14	102.96
42	2.07	1.95	1.78	1.66	2.92	82	101.90	86.21	76.33	71.37	115.55
43	2.26	2.11	1.93	1.80	3.14	83	112.60	94.37	83.45	78.04	128.10
44	2.45	2.29	2.09	1.96	3.40	84	124.55	103.42	91.37	85.47	141.97
45	2.67	2.48	2.28	2.14	3.70	85	137.75	113.36	100.11	93.68	157.59
46	2.92	2.70	2.48	2.34	4.05	86	152.25	124.20	109.67	102.67	171.76
47	3.18	2.92	2.70	2.55	4.48	87	168.13	135.98	120.14	112.53	193.09
48	3.48	3.17	2.93	2.78	4.95	88	185.40	148.70	131.52	123.23	215.37
49	3.77	3.42	3.16	3.01	5.47	89	200.93	162.19	143.68	134.72	239.13
50	4.10	3.71	3.44	3.29	6.08	90	216.96	176.25	156.48	146.80	261.03
51	4.54	4.09	3.80	3.63	6.75	91	233.48	189.73	169.95	159.55	272.10
52	5.03	4.54	4.22	4.02	7.51	92	250.52	203.64	184.12	172.99	293.89
53	5.56	5.03	4.67	4.45	8.33	93	268.04	217.95	199.06	187.16	326.21
54	6.13	5.54	5.13	4.90	9.19	94	286.05	232.67	214.78	202.11	367.01
55	6.78	6.12	5.69	5.42	10.13	95	304.58	247.74	228.70	215.21	417.38
56	7.56	6.83	6.35	6.05	11.21	96	324.95	264.31	243.98	229.59	465.21
57	8.43	7.61	7.07	6.74	12.33	97	389.85	317.11	292.73	275.46	514.45
58	9.41	8.50	7.90	7.52	13.54	98	412.62	335.61	309.81	291.53	522.89
59	10.45	9.43	8.76	8.35	14.75	99	435.91	354.57	327.30	307.99	551.12

NOTE: AGE IS ATTAINED AGE.

TABLE B (CONT'D)
TOBACCO USE
ANNUAL EXCHANGE PREMIUMS PER \$1,000 FACE AMOUNT
THE ANNUAL POLICY FEE OF \$75 MUST BE ADDED.

AGE	SCHEDULED				MAXIMUM	AGE	SCHEDULED				MAXIMUM
	\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS		\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS
20	\$ 1.83	\$ 1.80	\$ 1.56	\$ 1.50	\$ 2.53	60	\$19.39	\$18.21	\$17.02	\$16.61	\$31.75
21	1.83	1.80	1.56	1.50	2.53	61	21.42	20.11	18.80	18.36	34.44
22	1.83	1.80	1.56	1.50	2.53	62	23.72	22.27	20.81	20.34	37.47
23	1.83	1.80	1.56	1.50	2.53	63	26.12	24.53	22.93	22.39	40.53
24	1.83	1.80	1.56	1.50	2.53	64	28.71	26.96	25.20	24.61	43.78
25	1.83	1.80	1.56	1.50	2.53	65	31.57	29.64	27.71	27.06	47.34
26	1.83	1.80	1.56	1.50	2.53	66	34.31	32.21	30.12	29.41	51.14
27	1.83	1.80	1.56	1.50	2.53	67	37.39	35.10	32.81	32.05	55.42
28	1.83	1.80	1.56	1.50	2.53	68	40.77	38.28	35.78	34.95	60.14
29	1.83	1.80	1.56	1.50	2.53	69	43.30	40.65	38.00	37.12	65.28
30	1.83	1.80	1.56	1.50	2.53	70	47.64	44.73	41.81	40.84	71.03
31	1.83	1.80	1.56	1.50	2.53	71	55.84	51.06	46.58	45.40	77.60
32	1.83	1.80	1.56	1.50	2.53	72	62.06	58.05	51.73	50.33	84.88
33	1.83	1.80	1.56	1.50	2.53	73	69.59	65.86	57.40	55.74	92.75
34	1.90	1.86	1.63	1.56	2.76	74	78.39	74.62	63.68	61.72	101.42
35	2.03	1.99	1.74	1.68	3.06	75	88.17	84.54	70.71	68.40	110.21
36	2.16	2.11	1.85	1.77	3.32	76	98.65	95.31	78.54	75.84	119.83
37	2.34	2.28	2.01	1.94	3.62	77	109.60	105.60	87.28	84.14	130.23
38	2.48	2.41	2.12	2.05	3.82	78	121.09	116.33	96.95	93.30	141.47
39	2.66	2.59	2.29	2.22	4.09	79	133.44	127.80	107.61	103.38	153.68
40	2.87	2.76	2.47	2.39	4.35	80	147.18	140.53	119.26	114.39	166.89
41	3.10	2.99	2.69	2.59	4.67	81	162.73	154.91	131.94	126.35	185.34
42	3.38	3.25	2.92	2.82	5.04	82	180.55	169.89	145.54	139.16	205.47
43	3.69	3.54	3.20	3.10	5.49	83	200.07	184.74	160.15	152.90	225.27
44	4.01	3.84	3.49	3.38	6.00	84	222.99	201.10	176.39	168.15	246.65
45	4.37	4.16	3.79	3.69	6.60	85	245.89	218.97	194.30	184.97	268.36
46	4.71	4.48	4.11	3.99	7.27	86	271.91	238.36	213.95	203.38	286.80
47	5.13	4.87	4.47	4.35	8.12	87	296.98	259.26	235.36	223.42	315.55
48	5.63	5.32	4.92	4.80	9.17	88	325.31	281.68	258.60	245.15	344.48
49	6.18	5.83	5.41	5.28	10.35	89	352.24	305.26	283.39	268.28	373.81
50	6.79	6.37	5.95	5.81	11.66	90	383.25	329.61	309.36	292.49	398.01
51	7.53	7.07	6.61	6.45	13.09	91	416.32	354.71	336.56	317.79	416.42
52	8.35	7.84	7.33	7.16	14.66	92	452.40	380.59	365.00	344.21	452.50
53	9.26	8.69	8.12	7.93	16.34	93	493.27	407.21	394.71	371.77	493.37
54	10.30	9.67	9.04	8.82	18.19	94	543.40	434.59	425.69	400.47	543.50
55	11.44	10.73	10.04	9.80	20.14	95	566.60	462.73	453.26	426.40	568.43
56	12.74	11.96	11.18	10.92	22.25	96	594.61	492.93	482.84	454.23	626.44
57	14.22	13.35	12.47	12.19	24.51	97	655.20	566.74	555.14	522.24	684.72
58	15.75	14.78	13.82	13.50	26.72	98	738.53	599.81	587.52	552.72	739.53
59	17.50	16.42	15.36	15.00	29.18	99	780.25	633.69	620.72	583.94	781.25

NOTE: AGE IS ATTAINED AGE.

DECREASING TERM INSURANCE TO AGE 100 PLAN - For this plan, the face amount decreases while premiums remain level. The face amount decreases each year with Attained Age, as shown in Table C below. We reserve the right to change the scheduled face amount, but not lower than the minimum face amount as determined from Table C.

TABLE C
NON-TOBACCO USE
FACE AMOUNT PER \$100.00 BASIC ANNUAL PREMIUMS
THE BASIC ANNUAL PREMIUM IS THE ANNUAL PREMIUM FOR THIS PLAN
MINUS THE ANNUAL POLICY FEE OF \$75

AGE	SCHEDULED				MINIMUM	AGE	SCHEDULED				MINIMUM
	\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS		\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS
20	\$88,495	\$90,909	\$101,010	\$111,111	\$60,975	60	\$8,658	\$9,587	\$10,330	\$10,822	\$6,246
21	88,495	90,909	101,010	111,111	60,975	61	7,843	8,680	9,354	9,803	5,757
22	88,495	90,909	101,010	111,111	60,975	62	7,097	7,855	8,467	8,873	5,299
23	88,495	90,909	101,010	111,111	60,975	63	6,455	7,147	7,698	8,071	4,901
24	88,495	90,909	101,010	111,111	60,975	64	5,878	6,510	7,007	7,352	4,531
25	88,495	90,909	101,010	111,111	60,975	65	5,356	5,927	6,381	6,693	4,182
26	88,495	90,909	101,010	111,111	60,975	66	4,901	5,425	5,844	6,123	3,855
27	88,495	90,909	101,010	111,111	60,975	67	4,484	4,928	5,344	5,602	3,549
28	88,495	90,909	101,010	111,111	60,975	68	4,096	4,472	4,882	5,120	3,261
29	88,495	90,909	101,010	111,111	60,975	69	3,841	4,163	4,580	4,803	2,995
30	88,495	90,909	101,010	111,111	60,975	70	3,491	3,757	4,161	4,364	2,748
31	88,495	90,909	101,010	111,111	60,975	71	3,178	3,395	3,772	3,961	2,508
32	88,495	90,909	101,010	111,111	60,975	72	2,900	3,077	3,427	3,606	2,286
33	88,495	90,909	101,010	111,111	60,975	73	2,598	2,791	3,115	3,285	2,086
34	84,033	86,206	96,153	105,263	56,497	74	2,329	2,531	2,832	2,992	1,903
35	79,365	81,967	91,743	100,000	51,813	75	2,088	2,295	2,571	2,721	1,734
36	74,626	77,519	85,470	93,457	48,543	76	1,869	2,078	2,333	2,474	1,581
37	68,965	71,942	79,365	86,956	44,843	77	1,674	1,881	2,115	2,246	1,440
38	66,225	68,965	76,335	82,644	43,290	78	1,499	1,703	1,917	2,039	1,311
39	61,349	64,102	70,422	76,923	40,983	79	1,344	1,543	1,738	1,853	1,196
40	56,497	59,171	64,935	70,422	38,461	80	1,208	1,400	1,578	1,685	1,089
41	52,356	55,248	60,606	65,359	36,363	81	1,087	1,272	1,434	1,535	971
42	48,309	51,282	56,179	60,240	34,246	82	981	1,159	1,310	1,401	865
43	44,247	47,393	51,813	55,555	31,847	83	888	1,059	1,198	1,281	780
44	40,816	43,668	47,846	51,020	29,411	84	802	966	1,094	1,170	704
45	37,453	40,322	43,859	46,728	27,027	85	725	882	998	1,067	634
46	34,246	37,037	40,322	42,735	24,691	86	656	805	911	973	582
47	31,446	34,246	37,037	39,215	22,321	87	594	735	832	888	517
48	28,735	31,545	34,129	35,971	20,202	88	539	672	760	811	464
49	26,525	29,239	31,645	33,222	18,281	89	497	616	695	742	418
50	24,390	26,954	29,069	30,395	16,447	90	460	567	639	681	383
51	22,026	24,449	26,315	27,548	14,814	91	428	527	588	626	367
52	19,880	22,026	23,696	24,875	13,315	92	399	491	543	578	340
53	17,985	19,880	21,413	22,471	12,004	93	373	458	502	534	306
54	16,313	18,050	19,493	20,408	10,881	94	349	429	465	494	272
55	14,749	16,339	17,574	18,450	9,871	95	328	403	437	464	239
56	13,227	14,641	15,748	16,528	8,920	96	307	378	409	435	214
57	11,862	13,140	14,144	14,836	8,110	97	256	315	341	363	194
58	10,626	11,764	12,658	13,297	7,385	98	242	297	322	343	191
59	9,569	10,604	11,415	11,976	6,779	99	229	282	305	324	181
NOTE: AGE IS ATTAINED AGE.											

TABLE C (CONT'D)

**TOBACCO USE
FACE AMOUNT PER \$100.00 BASIC ANNUAL PREMIUMS
THE BASIC ANNUAL PREMIUM IS THE ANNUAL PREMIUM FOR THIS PLAN
MINUS THE ANNUAL POLICY FEE OF \$75**

AGE	SCHEDULED				MINIMUM	AGE	SCHEDULED				MINIMUM
	\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS		\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS
20	\$54,644	\$55,555	\$64,102	\$66,666	\$39,525	60	\$5,157	\$5,491	\$5,875	\$6,020	\$3,149
21	54,644	55,555	64,102	66,666	39,525	61	4,668	4,972	5,319	5,446	2,903
22	54,644	55,555	64,102	66,666	39,525	62	4,215	4,490	4,805	4,916	2,668
23	54,644	55,555	64,102	66,666	39,525	63	3,828	4,076	4,361	4,466	2,467
24	54,644	55,555	64,102	66,666	39,525	64	3,483	3,709	3,968	4,063	2,284
25	54,644	55,555	64,102	66,666	39,525	65	3,167	3,373	3,608	3,695	2,112
26	54,644	55,555	64,102	66,666	39,525	66	2,914	3,104	3,320	3,400	1,955
27	54,644	55,555	64,102	66,666	39,525	67	2,674	2,849	3,047	3,120	1,804
28	54,644	55,555	64,102	66,666	39,525	68	2,452	2,612	2,794	2,861	1,662
29	54,644	55,555	64,102	66,666	39,525	69	2,309	2,460	2,631	2,693	1,531
30	54,644	55,555	64,102	66,666	39,525	70	2,099	2,235	2,391	2,448	1,407
31	54,644	55,555	64,102	66,666	39,525	71	1,790	1,958	2,146	2,202	1,288
32	54,644	55,555	64,102	66,666	39,525	72	1,611	1,722	1,933	1,986	1,178
33	54,644	55,555	64,102	66,666	39,525	73	1,436	1,518	1,742	1,794	1,078
34	52,631	53,763	61,349	64,102	36,231	74	1,275	1,340	1,570	1,620	985
35	49,261	50,251	57,471	59,523	32,679	75	1,134	1,182	1,414	1,461	907
36	46,296	47,393	54,054	56,497	30,120	76	1,013	1,049	1,273	1,318	834
37	42,735	43,859	49,751	51,546	27,624	77	912	946	1,145	1,188	767
38	40,322	41,493	47,169	48,780	26,178	78	825	859	1,031	1,071	706
39	37,593	38,610	43,668	45,045	24,449	79	749	782	929	967	650
40	34,843	36,231	40,485	41,841	22,988	80	679	711	838	874	599
41	32,258	33,444	37,174	38,610	21,413	81	614	645	757	791	539
42	29,585	30,769	34,246	35,460	19,841	82	553	588	687	718	486
43	27,100	28,248	31,250	32,258	18,214	83	499	541	624	654	443
44	24,937	26,041	28,653	29,585	16,666	84	448	497	566	594	405
45	22,883	24,038	26,385	27,100	15,151	85	406	456	514	540	372
46	21,231	22,321	24,330	25,062	13,755	86	367	419	467	491	348
47	19,493	20,533	22,371	22,988	12,315	87	336	385	424	447	316
48	17,761	18,796	20,325	20,833	10,905	88	307	355	386	407	290
49	16,181	17,152	18,484	18,939	9,661	89	283	327	352	372	267
50	14,727	15,698	16,806	17,211	8,576	90	260	303	323	341	251
51	13,280	14,144	15,128	15,503	7,639	91	240	281	297	314	240
52	11,976	12,755	13,642	13,966	6,821	92	221	262	273	290	220
53	10,799	11,507	12,315	12,610	6,119	93	202	245	253	268	202
54	9,708	10,341	11,061	11,337	5,497	94	184	230	234	249	183
55	8,741	9,319	9,960	10,204	4,965	95	176	216	220	234	175
56	7,849	8,361	8,944	9,157	4,494	96	168	202	207	220	159
57	7,032	7,490	8,019	8,203	4,079	97	152	176	180	191	146
58	6,349	6,765	7,235	7,407	3,742	98	135	166	170	180	135
59	5,714	6,090	6,510	6,666	3,427	99	128	157	161	171	128

NOTE: AGE IS ATTAINED AGE.

RIDERS - The continuation in the new plan of any benefits provided by Rider(s) attached to this Policy which are not exchanged will be subject to the provision for continuation, if any, in each Rider. The premium for any Rider continued after exchange will be added to the premium for the new plan.

RIDER EXCHANGE AT DEATH OF INSURED - If any Insured Spouse Riders attached to this Policy are in force upon the Insured's death, they may be exchanged for a new policy to be owned by the Insured Spouse in accordance with the Exchange provision in each rider except that: (a) the exchange must be made within 30 days after the Insured's death; and (b) the effective date of the new policy will be the day We receive Notice to Us for the exchange. If the Insured Spouse dies before exchange takes effect and within 30 days after the Insured's death, We will pay to the Beneficiary of the Rider the insurance in force under the Rider at the Insured's death, less any overdue premium for the Rider.

TERM LIFE INSURANCE TO AGE 95

PREMIUMS ARE SUBJECT TO CHANGE

**EXCHANGEABLE AFTER FIVE YEARS TO ANNUAL INCREASING PREMIUM
OR DECREASING TERM INSURANCE TO AGE 100**

NONPARTICIPATING

PRIMERICA LIFE INSURANCE COMPANY

Home Office: Boston, Massachusetts
Executive Offices: 3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001

SPOUSE TERM INSURANCE RIDER

PREMIUMS ARE SUBJECT TO CHANGE

We have issued this Rider as a part of Your Policy. This Rider is subject to the provisions of the Policy. In case of conflict between this Rider and the Policy, the provisions of this Rider will control. This Rider does not have cash values or loan values.

This Rider is effective at 12:01 A.M. on the Rider Date of Issue.

BENEFIT

We will pay the Rider Face Amount, in a lump sum, to the Beneficiary of this Rider upon receiving due proof that the Insured Spouse died before the Rider Expiry Date and while this Rider was in force.

DEFINITIONS

These are some key words used in this Rider.

BENEFICIARY - The person(s) to whom the rider proceeds are payable upon the death of the Insured Spouse. Unless otherwise stated in the application or by Notice to Us (See Change of Beneficiary Provision, below), the Beneficiary of this Rider will be the Insured, if living; otherwise the estate of the Insured Spouse.

INSURED - The person whose life the Policy insures and who is named in the Policy Specifications.

INSURED SPOUSE - The person whose life this Rider insures. This person is the spouse of the Insured and is named in the Rider Specifications.

NOTICE TO US - Communication We have received from You which is acceptable to Us.

PREMIUM CLASS - The risk classification used in determining what premiums You pay.

RIDER ATTAINED AGE - The Insured Spouse's Rider Issue Age plus the number of rider years since the Rider Date.

RIDER DATE - The date shown on Rider Page 3 from which rider anniversaries, rider years and rider months are measured.

RIDER DATE OF ISSUE - The date shown on Rider Page 3 on which We issue the Rider to You. This date controls the below Incontestability and Suicide Exclusion provisions.

RIDER EXPIRY DATE - The date shown on Rider Page 3. This Rider is not in force on or after this date.

RIDER FACE AMOUNT - The amount of insurance for each rider year which is shown in Table A on Rider Page 3A.

RIDER ISSUE AGE - The Insured Spouse's age on the birthday nearest the Rider Date.

GENERAL PROVISIONS

CONSIDERATION - This Rider is issued in consideration of: (1) the application for this Rider and (2) payment of the first premium for this Rider.

PREMIUM PAYMENTS - Premiums for this Rider are payable in addition to, but under the same terms and conditions as, the premiums for the Policy. The premiums shown on Rider Page 3A are for the premium payment option You chose. Total premium amounts for all available payment options are on Policy Page 3. More frequent payments result in a higher total annualized premium. You may change the premium payment option for future premium payments upon Notice to Us. The premium payment option for this Rider must be the same premium payment option as the Policy. Premiums are not due for any period after the Insured Spouse's death, the Rider Expiry Date or when this Rider terminates.

PREMIUM CHANGES BY COMPANY - Premiums for this Rider will be the scheduled premiums shown on Rider Pages 3 and 3A, unless changed by Us. We reserve the right to change the scheduled premiums. We will not change them more often than once a year, and in no event will the scheduled premiums be greater than the maximum premiums shown on Rider Page 3A. Any such change will apply uniformly to all riders of this form issued to Insured Spouses having the same Rider Issue Age, duration, Premium Class, year, month, and state of issue; and will be based on future anticipated or emerging experience, including, but not limited to investment earnings, mortality, persistency, taxes and expenses. No change in premiums or Premium Class will occur because of deterioration of the Insured Spouse's health or change in occupation.

We will mail written notice to You at least 60 days prior to the date on which a change in Your scheduled premiums will become effective. We will send You new rider specifications pages to reflect any changes in scheduled premiums.

INCONTESTABILITY - We will not contest this Rider after it has been in force for two years during the Insured Spouse's life except for non-payment of premium and fraud in the procurement of the Rider, when permitted by applicable law in the state where the Rider is delivered or issued for delivery. The two years begin on the Rider Date of Issue.

SUICIDE EXCLUSION - If the Insured Spouse dies by suicide, while sane or insane, within two years of the Rider Date of Issue, We are only liable for the premiums paid.

REPLACED COVERAGE - If insurance coverage (excluding group coverage) is to be replaced, as shown in the application, and has terminated: (a) prior to the Insured Spouse's death, including death by suicide; and (b) between 60 days before and 60 days after the Rider Date of Issue, We will not contest the amount of the replaced coverage that would not have been contestable had it not been replaced. If it is not possible to terminate any coverage to be replaced because of its provisions within 60 days after the Rider Date of Issue, such 60-day period will be extended to the earliest possible date for the coverage to be terminated under its provisions. For example, the Insured Spouse is insured under another company's policy for \$100,000 and that policy has been in force two years. If this Rider replaced the other company's policy, We would not contest this Rider for up to \$100,000. We would, however, be able to contest any amount over \$100,000.

NONPARTICIPATION - This Rider does not participate in Our profits or surplus.

CHANGE OF BENEFICIARY - You can change a Beneficiary of this Rider by Notice to Us. You can only change a Beneficiary while the Insured Spouse is alive. A Beneficiary designated irrevocable on Our records may not be changed except with the written consent of that Beneficiary. A Beneficiary change will take effect on the date of the Notice to Us, unless otherwise specified by You. If the Insured Spouse dies before We receive this Notice, the change is effective, subject to any prior payment of proceeds.

TERMINATION - This Rider terminates and is no longer in force: (1) upon cancellation; (2) upon termination of the policy; (3) upon the death of the Insured (subject to Exchange at Death of Insured Provision); (4) upon nonpayment of premiums, in accordance with the provisions of the policy; (5) upon exchange of this Rider; or (6) on the Rider Expiry Date.

CANCELLATION - You may cancel this Rider at any time by Notice to Us. Your Rider will be canceled as of the date We receive the Notice, or, if stated in the Notice, as of a later date. If this Rider is canceled before the Rider Expiry Date and premiums have been paid in advance, We will refund any unearned portion of the premiums paid beyond the end of the rider month in which cancellation occurred.

EXCHANGE PROVISION - You may exchange this Rider at any time after it has been in force for five years to the Annual Increasing Premium Term Insurance to Age 100 Plan or the Decreasing Term Insurance to Age 100 Plan described in the Policy. The new plan will be issued at Our premium rates for that plan for the Insured Spouse's Rider Attained Age on the exchange date based on the same Premium Class shown on Rider Page 3. We will not require evidence of insurability. The new plan will take effect on the exchange date and this Rider will terminate. However, the plan's Incontestability and Suicide Exclusion provisions will be controlled by this Rider Date of Issue. We will issue either revised specifications pages or a new policy.

The following conditions are necessary for exchange: (1) We receive Notice to Us requesting an exchange; (2) the face amount of the new plan is not less than the minimum required by Us nor greater than the Face Amount in effect under this Rider on the exchange date; (3) the required premium is paid within 31 days after the exchange date; (4) the Insured Spouse is alive; (5) this Rider is in force on the exchange date; and (6) premiums for Your current Rider are not being waived.

EXCHANGE AT DEATH OF INSURED - If this Rider is in force at the Insured's death, the Insured Spouse may exchange this Rider for a new policy in accordance with the above Exchange Provision or for a new policy of the same plan type and duration, with the same issue age, premium class, and face amount as this Rider. If a new policy of the same plan type is obtained and a Spouse Waiver of Premium Rider is in force at the Insured's death, the new policy of the same plan type will include, unless otherwise directed by the Insured Spouse, a Waiver of Premium Rider with the same issue age and premium class as the Spouse Waiver of Premium Rider. If the Insured was also the Owner, then the Insured Spouse will own the new policy, notwithstanding any Contingent Owner. The exchange must be made within 60 days after the Insured's death. The issue date of the new policy will be the day We receive Notice to Us for the exchange. However, the plan's Incontestability and Suicide Exclusion provisions will be controlled by this Rider Date of Issue. If the Insured Spouse dies before exchange takes effect and within 60 days after the Insured's death, We will pay to the Beneficiary of this Rider the insurance in force under this Rider at the Insured's death, less any premium due.

EXCHANGE AT POLICY EXPIRY - If this Rider is in force at expiry of the Policy, it may be exchanged for a policy in accordance with the Exchange Provision except that: (a) the exchange must be made within 30 days after the Policy expiry date; and (b) the issue date of the policy will be the day We receive Notice to Us for the exchange.

Signed on the Rider Date of Issue at Our Executive Offices.

[]
Secretary

[]
President

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MAY 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MAY 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MAY 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 20 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-20]
PLF11AB0AR	SPOUSE TERM RIDER 20	[\$200,000]	[\$780.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$780.00	\$780.00	\$200,000.00]
[02	36	\$780.00	\$780.00	\$200,000.00]
[03	37	\$780.00	\$780.00	\$200,000.00]
[04	38	\$780.00	\$780.00	\$200,000.00]
[05	39	\$780.00	\$780.00	\$200,000.00]
[06	40	\$780.00	\$780.00	\$200,000.00]
[07	41	\$780.00	\$780.00	\$200,000.00]
[08	42	\$780.00	\$780.00	\$200,000.00]
[09	43	\$780.00	\$780.00	\$200,000.00]
[10	44	\$780.00	\$780.00	\$200,000.00]
[11	45	\$780.00	\$780.00	\$200,000.00]
[12	46	\$780.00	\$780.00	\$200,000.00]
[13	47	\$780.00	\$780.00	\$200,000.00]
[14	48	\$780.00	\$780.00	\$200,000.00]
[15	49	\$780.00	\$780.00	\$200,000.00]
[16	50	\$780.00	\$780.00	\$200,000.00]
[17	51	\$780.00	\$780.00	\$200,000.00]
[18	52	\$780.00	\$780.00	\$200,000.00]
[19	53	\$780.00	\$780.00	\$200,000.00]
[20	54	\$780.00	\$780.00	\$200,000.00]
[21	55	\$2,568.00	\$4,818.00	\$200,000.00]
[22	56	\$2,568.00	\$4,818.00	\$200,000.00]
[23	57	\$2,568.00	\$4,818.00	\$200,000.00]
[24	58	\$2,568.00	\$4,818.00	\$200,000.00]
[25	59	\$2,568.00	\$4,818.00	\$200,000.00]
[26	60	\$4,232.00	\$7,380.00	\$200,000.00]
[27	61	\$4,232.00	\$7,380.00	\$200,000.00]
[28	62	\$4,232.00	\$7,380.00	\$200,000.00]
[29	63	\$4,232.00	\$7,380.00	\$200,000.00]
[30	64	\$4,232.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MAY 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MAY 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MAY 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 10 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 10 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-10]
PLF11AB0AR	SPOUSE TERM RIDER 10	[\$200,000]	[\$392.00]

*The Scheduled Annual Premiums shown above are guaranteed for 10 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$392.00	\$392.00	\$200,000.00]
[02	36	\$392.00	\$392.00	\$200,000.00]
[03	37	\$392.00	\$392.00	\$200,000.00]
[04	38	\$392.00	\$392.00	\$200,000.00]
[05	39	\$392.00	\$392.00	\$200,000.00]
[06	40	\$392.00	\$392.00	\$200,000.00]
[07	41	\$392.00	\$392.00	\$200,000.00]
[08	42	\$392.00	\$392.00	\$200,000.00]
[09	43	\$392.00	\$392.00	\$200,000.00]
[10	44	\$392.00	\$392.00	\$200,000.00]
[11	45	\$1,026.00	\$1,626.00	\$200,000.00]
[12	46	\$1,026.00	\$1,626.00	\$200,000.00]
[13	47	\$1,026.00	\$1,626.00	\$200,000.00]
[14	48	\$1,026.00	\$1,626.00	\$200,000.00]
[15	49	\$1,026.00	\$1,626.00	\$200,000.00]
[16	50	\$1,582.00	\$2,896.00	\$200,000.00]
[17	51	\$1,582.00	\$2,896.00	\$200,000.00]
[18	52	\$1,582.00	\$2,896.00	\$200,000.00]
[19	53	\$1,582.00	\$2,896.00	\$200,000.00]
[20	54	\$1,582.00	\$2,896.00	\$200,000.00]
[21	55	\$2,568.00	\$4,818.00	\$200,000.00]
[22	56	\$2,568.00	\$4,818.00	\$200,000.00]
[23	57	\$2,568.00	\$4,818.00	\$200,000.00]
[24	58	\$2,568.00	\$4,818.00	\$200,000.00]
[25	59	\$2,568.00	\$4,818.00	\$200,000.00]
[26	60	\$4,232.00	\$7,380.00	\$200,000.00]
[27	61	\$4,232.00	\$7,380.00	\$200,000.00]
[28	62	\$4,232.00	\$7,380.00	\$200,000.00]
[29	63	\$4,232.00	\$7,380.00	\$200,000.00]
[30	64	\$4,232.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MAY 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MAY 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MAY 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 15 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 15 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-15]
PLF11AB0AR	SPOUSE TERM RIDER 15	[\$200,000]	[\$628.00]

*The Scheduled Annual Premiums shown above are guaranteed for 15 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$628.00	\$628.00	\$200,000.00]
[02	36	\$628.00	\$628.00	\$200,000.00]
[03	37	\$628.00	\$628.00	\$200,000.00]
[04	38	\$628.00	\$628.00	\$200,000.00]
[05	39	\$628.00	\$628.00	\$200,000.00]
[06	40	\$628.00	\$628.00	\$200,000.00]
[07	41	\$628.00	\$628.00	\$200,000.00]
[08	42	\$628.00	\$628.00	\$200,000.00]
[09	43	\$628.00	\$628.00	\$200,000.00]
[10	44	\$628.00	\$628.00	\$200,000.00]
[11	45	\$628.00	\$628.00	\$200,000.00]
[12	46	\$628.00	\$628.00	\$200,000.00]
[13	47	\$628.00	\$628.00	\$200,000.00]
[14	48	\$628.00	\$628.00	\$200,000.00]
[15	49	\$628.00	\$628.00	\$200,000.00]
[16	50	\$1,582.00	\$2,896.00	\$200,000.00]
[17	51	\$1,582.00	\$2,896.00	\$200,000.00]
[18	52	\$1,582.00	\$2,896.00	\$200,000.00]
[19	53	\$1,582.00	\$2,896.00	\$200,000.00]
[20	54	\$1,582.00	\$2,896.00	\$200,000.00]
[21	55	\$2,568.00	\$4,818.00	\$200,000.00]
[22	56	\$2,568.00	\$4,818.00	\$200,000.00]
[23	57	\$2,568.00	\$4,818.00	\$200,000.00]
[24	58	\$2,568.00	\$4,818.00	\$200,000.00]
[25	59	\$2,568.00	\$4,818.00	\$200,000.00]
[26	60	\$4,232.00	\$7,380.00	\$200,000.00]
[27	61	\$4,232.00	\$7,380.00	\$200,000.00]
[28	62	\$4,232.00	\$7,380.00	\$200,000.00]
[29	63	\$4,232.00	\$7,380.00	\$200,000.00]
[30	64	\$4,232.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MAY 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MAY 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MAY 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 30 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-30]
PLF11AB0AR	SPOUSE TERM RIDER 30	[\$200,000]	[\$950.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$950.00	\$950.00	\$200,000.00]
[02	36	\$950.00	\$950.00	\$200,000.00]
[03	37	\$950.00	\$950.00	\$200,000.00]
[04	38	\$950.00	\$950.00	\$200,000.00]
[05	39	\$950.00	\$950.00	\$200,000.00]
[06	40	\$950.00	\$950.00	\$200,000.00]
[07	41	\$950.00	\$950.00	\$200,000.00]
[08	42	\$950.00	\$950.00	\$200,000.00]
[09	43	\$950.00	\$950.00	\$200,000.00]
[10	44	\$950.00	\$950.00	\$200,000.00]
[11	45	\$950.00	\$950.00	\$200,000.00]
[12	46	\$950.00	\$950.00	\$200,000.00]
[13	47	\$950.00	\$950.00	\$200,000.00]
[14	48	\$950.00	\$950.00	\$200,000.00]
[15	49	\$950.00	\$950.00	\$200,000.00]
[16	50	\$950.00	\$950.00	\$200,000.00]
[17	51	\$950.00	\$950.00	\$200,000.00]
[18	52	\$950.00	\$950.00	\$200,000.00]
[19	53	\$950.00	\$950.00	\$200,000.00]
[20	54	\$950.00	\$950.00	\$200,000.00]
[21	55	\$950.00	\$4,818.00	\$200,000.00]
[22	56	\$950.00	\$4,818.00	\$200,000.00]
[23	57	\$950.00	\$4,818.00	\$200,000.00]
[24	58	\$950.00	\$4,818.00	\$200,000.00]
[25	59	\$950.00	\$4,818.00	\$200,000.00]
[26	60	\$950.00	\$7,380.00	\$200,000.00]
[27	61	\$950.00	\$7,380.00	\$200,000.00]
[28	62	\$950.00	\$7,380.00	\$200,000.00]
[29	63	\$950.00	\$7,380.00	\$200,000.00]
[30	64	\$950.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MAY 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MAY 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MAY 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 35 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-35]
PLF11AB0AR	SPOUSE TERM RIDER 35	[\$200,000]	[\$1,138.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$1,138.00	\$1,138.00	\$200,000.00]
[02	36	\$1,138.00	\$1,138.00	\$200,000.00]
[03	37	\$1,138.00	\$1,138.00	\$200,000.00]
[04	38	\$1,138.00	\$1,138.00	\$200,000.00]
[05	39	\$1,138.00	\$1,138.00	\$200,000.00]
[06	40	\$1,138.00	\$1,138.00	\$200,000.00]
[07	41	\$1,138.00	\$1,138.00	\$200,000.00]
[08	42	\$1,138.00	\$1,138.00	\$200,000.00]
[09	43	\$1,138.00	\$1,138.00	\$200,000.00]
[10	44	\$1,138.00	\$1,138.00	\$200,000.00]
[11	45	\$1,138.00	\$1,138.00	\$200,000.00]
[12	46	\$1,138.00	\$1,138.00	\$200,000.00]
[13	47	\$1,138.00	\$1,138.00	\$200,000.00]
[14	48	\$1,138.00	\$1,138.00	\$200,000.00]
[15	49	\$1,138.00	\$1,138.00	\$200,000.00]
[16	50	\$1,138.00	\$1,138.00	\$200,000.00]
[17	51	\$1,138.00	\$1,138.00	\$200,000.00]
[18	52	\$1,138.00	\$1,138.00	\$200,000.00]
[19	53	\$1,138.00	\$1,138.00	\$200,000.00]
[20	54	\$1,138.00	\$1,138.00	\$200,000.00]
[21	55	\$1,138.00	\$4,818.00	\$200,000.00]
[22	56	\$1,138.00	\$4,818.00	\$200,000.00]
[23	57	\$1,138.00	\$4,818.00	\$200,000.00]
[24	58	\$1,138.00	\$4,818.00	\$200,000.00]
[25	59	\$1,138.00	\$4,818.00	\$200,000.00]
[26	60	\$1,138.00	\$7,380.00	\$200,000.00]
[27	61	\$1,138.00	\$7,380.00	\$200,000.00]
[28	62	\$1,138.00	\$7,380.00	\$200,000.00]
[29	63	\$1,138.00	\$7,380.00	\$200,000.00]
[30	64	\$1,138.00	\$7,380.00	\$200,000.00]
[31	65	\$1,138.00	\$10,956.00	\$200,000.00]
[32	66	\$1,138.00	\$10,956.00	\$200,000.00]
[33	67	\$1,138.00	\$10,956.00	\$200,000.00]
[34	68	\$1,138.00	\$10,956.00	\$200,000.00]
[35	69	\$1,138.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

SERFF Tracking Number: MCHX-G127138026 State: Arkansas
 Filing Company: Primerica Life Insurance Company State Tracking Number: 48581
 Company Tracking Number: PLF11AA0AR
 TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
 Product Name: PLF11AA0 - Individual Term Life - Primerica Life I
 Project Name/Number: PLF11AA0 - Individual Term Life - Primerica Life Insurance Company /PLF11AA0 - Individual Term Life - Primerica Life Insurance Company

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/26/2011	Form	Spouse Term Insurance Rider	05/05/2011	PLF11AB0 - FINAL - 3_24_11.PDF (Superceded)
04/26/2011	Form	Individual Term Life Insurance Policy to Age 95	05/05/2011	PLF11AA0AR - FINAL DRAFT - 3_24_11.PDF (Superceded)

PRIMERICA LIFE INSURANCE COMPANY

Home Office: Boston, Massachusetts
Executive Offices: 3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001

SPOUSE TERM INSURANCE RIDER

PREMIUMS ARE SUBJECT TO CHANGE

We have issued this Rider as a part of Your Policy. This Rider is subject to the provisions of the Policy. In case of conflict between this Rider and the Policy, the provisions of this Rider will control. This Rider does not have cash values or loan values.

This Rider is effective at 12:01 A.M. on the Rider Date of Issue.

BENEFIT

We will pay the Rider Face Amount, in a lump sum, to the Beneficiary of this Rider upon receiving due proof that the Insured Spouse died before the Rider Expiry Date and while this Rider was in force.

DEFINITIONS

These are some key words used in this Rider.

BENEFICIARY - The person(s) to whom the rider proceeds are payable upon the death of the Insured Spouse. Unless otherwise stated in the application or by Notice to Us (See Change of Beneficiary Provision, below), the Beneficiary of this Rider will be the Insured, if living; otherwise the estate of the Insured Spouse.

INSURED - The person whose life the Policy insures and who is named in the Policy Specifications.

INSURED SPOUSE - The person whose life this Rider insures. This person is the spouse of the Insured and is named in the Rider Specifications.

NOTICE TO US - Communication We have received from You which is acceptable to Us.

PREMIUM CLASS - The risk classification used in determining what premiums You pay.

RIDER ATTAINED AGE - The Insured Spouse's Rider Issue Age plus the number of rider years since the Rider Date.

RIDER DATE - The date shown on Rider Page 3 from which rider anniversaries, rider years and rider months are measured.

RIDER DATE OF ISSUE - The date shown on Rider Page 3 on which We issue the Rider to You. This date controls the below Incontestability and Suicide Exclusion provisions.

RIDER EXPIRY DATE - The date shown on Rider Page 3. This Rider is not in force on or after this date.

RIDER FACE AMOUNT - The amount of insurance for each rider year which is shown in Table A on Rider Page 3A.

RIDER ISSUE AGE - The Insured Spouse's age on the birthday nearest the Rider Date.

GENERAL PROVISIONS

CONSIDERATION - This Rider is issued in consideration of: (1) the application for this Rider and (2) payment of the first premium for this Rider.

PREMIUM PAYMENTS - Premiums for this Rider are payable in addition to, but under the same terms and conditions as, the premiums for the Policy. The premiums shown on Rider Page 3A are for the premium payment option You chose. Total premium amounts for all available payment options are on Policy Page 3. More frequent payments result in a higher total annualized premium. You may change the premium payment option for future premium payments upon Notice to Us. The premium payment option for this Rider must be the same premium payment option as the Policy. Premiums are not due for any period after the Insured Spouse's death, the Rider Expiry Date or when this Rider terminates.

PREMIUM CHANGES BY COMPANY - Premiums for this Rider will be the scheduled premiums shown on Rider Pages 3 and 3A, unless changed by Us. We reserve the right to change the scheduled premiums. We will not change them more often than once a year, and in no event will the scheduled premiums be greater than the maximum premiums shown on Rider Page 3A. Any such change will apply uniformly to all riders of this form issued to Insured Spouses having the same Rider Issue Age, duration, Premium Class, year, month, and state of issue; and will be based on future anticipated or emerging experience, including, but not limited to investment earnings, mortality, persistency, taxes and expenses. No change in premiums or Premium Class will occur because of deterioration of the Insured Spouse's health or change in occupation.

We will mail written notice to You at least 60 days prior to the date on which a change in Your scheduled premiums will become effective. We will send You new rider specifications pages to reflect any changes in scheduled premiums.

INCONTESTABILITY - We will not contest this Rider after it has been in force for two years during the Insured Spouse's life except for non-payment of premium and fraud in the procurement of the Rider, when permitted by applicable law in the state where the Rider is delivered or issued for delivery. The two years begin on the Rider Date of Issue.

SUICIDE EXCLUSION - If the Insured Spouse dies by suicide, while sane or insane, within two years of the Rider Date of Issue, We are only liable for the premiums paid. For reinstated riders, the two year period begins anew.

REPLACED COVERAGE - If insurance coverage (excluding group coverage) is to be replaced, as shown in the application, and has terminated: (a) prior to the Insured Spouse's death, including death by suicide; and (b) between 60 days before and 60 days after the Rider Date of Issue, We will not contest the amount of the replaced coverage that would not have been contestable had it not been replaced. If it is not possible to terminate any coverage to be replaced because of its provisions within 60 days after the Rider Date of Issue, such 60-day period will be extended to the earliest possible date for the coverage to be terminated under its provisions. For example, the Insured Spouse is insured under another company's policy for \$100,000 and that policy has been in force two years. If this Rider replaced the other company's policy, We would not contest this Rider for up to \$100,000. We would, however, be able to contest any amount over \$100,000.

NONPARTICIPATION - This Rider does not participate in Our profits or surplus.

CHANGE OF BENEFICIARY - You can change a Beneficiary of this Rider by Notice to Us. You can only change a Beneficiary while the Insured Spouse is alive. A Beneficiary designated irrevocable on Our records may not be changed except with the written consent of that Beneficiary. A Beneficiary change will take effect on the date of the Notice to Us, unless otherwise specified by You. If the Insured Spouse dies before We receive this Notice, the change is effective, subject to any prior payment of proceeds.

TERMINATION - This Rider terminates and is no longer in force: (1) upon cancellation; (2) upon termination of the policy; (3) upon the death of the Insured (subject to Exchange at Death of Insured Provision); (4) upon nonpayment of premiums, in accordance with the provisions of the policy; (5) upon exchange of this Rider; or (6) on the Rider Expiry Date.

CANCELLATION - You may cancel this Rider at any time by Notice to Us. Your Rider will be canceled as of the date We receive the Notice, or, if stated in the Notice, as of a later date. If this Rider is canceled before the Rider Expiry Date and premiums have been paid in advance, We will refund any unearned portion of the premiums paid beyond the end of the rider month in which cancellation occurred.

EXCHANGE PROVISION - You may exchange this Rider at any time after it has been in force for five years to the Annual Increasing Premium Term Insurance to Age 100 Plan or the Decreasing Term Insurance to Age 100 Plan described in the Policy. The new plan will be issued at Our premium rates for that plan for the Insured Spouse's Rider Attained Age on the exchange date based on the same Premium Class shown on Rider Page 3. We will not require evidence of insurability. The new plan will take effect on the exchange date and this Rider will terminate. However, the plan's Incontestability and Suicide Exclusion provisions will be controlled by this Rider Date of Issue. We will issue either revised specifications pages or a new policy.

The following conditions are necessary for exchange: (1) We receive Notice to Us requesting an exchange; (2) the face amount of the new plan is not less than the minimum required by Us nor greater than the Face Amount in effect under this Rider on the exchange date; (3) the required premium is paid within 31 days after the exchange date; (4) the Insured Spouse is alive; (5) this Rider is in force on the exchange date; and (6) premiums for Your current Rider are not being waived.

EXCHANGE AT DEATH OF INSURED - If this Rider is in force at the Insured's death, the Insured Spouse may exchange this Rider for a new policy in accordance with the above Exchange Provision or for a new policy of the same plan type and duration, with the same issue age, premium class, and face amount as this Rider. If a new policy of the same plan type is obtained and a Spouse Waiver of Premium Rider is in force at the Insured's death, the new policy of the same plan type will include, unless otherwise directed by the Insured Spouse, a Waiver of Premium Rider with the same issue age and premium class as the Spouse Waiver of Premium Rider. If the Insured was also the Owner, then the Insured Spouse will own the new policy, notwithstanding any Contingent Owner. The exchange must be made within 60 days after the Insured's death. The issue date of the new policy will be the day We receive Notice to Us for the exchange. However, the plan's Incontestability and Suicide Exclusion provisions will be controlled by this Rider Date of Issue. If the Insured Spouse dies before exchange takes effect and within 60 days after the Insured's death, We will pay to the Beneficiary of this Rider the insurance in force under this Rider at the Insured's death, less any premium due.

EXCHANGE AT POLICY EXPIRY - If this Rider is in force at expiry of the Policy, it may be exchanged for a policy in accordance with the Exchange Provision except that: (a) the exchange must be made within 30 days after the Policy expiry date; and (b) the issue date of the policy will be the day We receive Notice to Us for the exchange.

Signed on the Rider Date of Issue at Our Executive Offices.

[]
Secretary

[]
President

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MARCH 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MARCH 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MARCH 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 20 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-20]
PLF11AB0	SPOUSE TERM RIDER 20	[\$200,000]	[\$780.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$780.00	\$780.00	\$200,000.00]
[02	36	\$780.00	\$780.00	\$200,000.00]
[03	37	\$780.00	\$780.00	\$200,000.00]
[04	38	\$780.00	\$780.00	\$200,000.00]
[05	39	\$780.00	\$780.00	\$200,000.00]
[06	40	\$780.00	\$780.00	\$200,000.00]
[07	41	\$780.00	\$780.00	\$200,000.00]
[08	42	\$780.00	\$780.00	\$200,000.00]
[09	43	\$780.00	\$780.00	\$200,000.00]
[10	44	\$780.00	\$780.00	\$200,000.00]
[11	45	\$780.00	\$780.00	\$200,000.00]
[12	46	\$780.00	\$780.00	\$200,000.00]
[13	47	\$780.00	\$780.00	\$200,000.00]
[14	48	\$780.00	\$780.00	\$200,000.00]
[15	49	\$780.00	\$780.00	\$200,000.00]
[16	50	\$780.00	\$780.00	\$200,000.00]
[17	51	\$780.00	\$780.00	\$200,000.00]
[18	52	\$780.00	\$780.00	\$200,000.00]
[19	53	\$780.00	\$780.00	\$200,000.00]
[20	54	\$780.00	\$780.00	\$200,000.00]
[21	55	\$2,568.00	\$4,818.00	\$200,000.00]
[22	56	\$2,568.00	\$4,818.00	\$200,000.00]
[23	57	\$2,568.00	\$4,818.00	\$200,000.00]
[24	58	\$2,568.00	\$4,818.00	\$200,000.00]
[25	59	\$2,568.00	\$4,818.00	\$200,000.00]
[26	60	\$4,232.00	\$7,380.00	\$200,000.00]
[27	61	\$4,232.00	\$7,380.00	\$200,000.00]
[28	62	\$4,232.00	\$7,380.00	\$200,000.00]
[29	63	\$4,232.00	\$7,380.00	\$200,000.00]
[30	64	\$4,232.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MARCH 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MARCH 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MARCH 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 10 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 10 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-10]
PLF11AB0	SPOUSE TERM RIDER 10	[\$200,000]	[\$392.00]

*The Scheduled Annual Premiums shown above are guaranteed for 10 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$392.00	\$392.00	\$200,000.00]
[02	36	\$392.00	\$392.00	\$200,000.00]
[03	37	\$392.00	\$392.00	\$200,000.00]
[04	38	\$392.00	\$392.00	\$200,000.00]
[05	39	\$392.00	\$392.00	\$200,000.00]
[06	40	\$392.00	\$392.00	\$200,000.00]
[07	41	\$392.00	\$392.00	\$200,000.00]
[08	42	\$392.00	\$392.00	\$200,000.00]
[09	43	\$392.00	\$392.00	\$200,000.00]
[10	44	\$392.00	\$392.00	\$200,000.00]
[11	45	\$1,026.00	\$1,626.00	\$200,000.00]
[12	46	\$1,026.00	\$1,626.00	\$200,000.00]
[13	47	\$1,026.00	\$1,626.00	\$200,000.00]
[14	48	\$1,026.00	\$1,626.00	\$200,000.00]
[15	49	\$1,026.00	\$1,626.00	\$200,000.00]
[16	50	\$1,582.00	\$2,896.00	\$200,000.00]
[17	51	\$1,582.00	\$2,896.00	\$200,000.00]
[18	52	\$1,582.00	\$2,896.00	\$200,000.00]
[19	53	\$1,582.00	\$2,896.00	\$200,000.00]
[20	54	\$1,582.00	\$2,896.00	\$200,000.00]
[21	55	\$2,568.00	\$4,818.00	\$200,000.00]
[22	56	\$2,568.00	\$4,818.00	\$200,000.00]
[23	57	\$2,568.00	\$4,818.00	\$200,000.00]
[24	58	\$2,568.00	\$4,818.00	\$200,000.00]
[25	59	\$2,568.00	\$4,818.00	\$200,000.00]
[26	60	\$4,232.00	\$7,380.00	\$200,000.00]
[27	61	\$4,232.00	\$7,380.00	\$200,000.00]
[28	62	\$4,232.00	\$7,380.00	\$200,000.00]
[29	63	\$4,232.00	\$7,380.00	\$200,000.00]
[30	64	\$4,232.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MARCH 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MARCH 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MARCH 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 15 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 15 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-15]
PLF11AB0	SPOUSE TERM RIDER 15	[\$200,000]	[\$628.00]

*The Scheduled Annual Premiums shown above are guaranteed for 15 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$628.00	\$628.00	\$200,000.00]
[02	36	\$628.00	\$628.00	\$200,000.00]
[03	37	\$628.00	\$628.00	\$200,000.00]
[04	38	\$628.00	\$628.00	\$200,000.00]
[05	39	\$628.00	\$628.00	\$200,000.00]
[06	40	\$628.00	\$628.00	\$200,000.00]
[07	41	\$628.00	\$628.00	\$200,000.00]
[08	42	\$628.00	\$628.00	\$200,000.00]
[09	43	\$628.00	\$628.00	\$200,000.00]
[10	44	\$628.00	\$628.00	\$200,000.00]
[11	45	\$628.00	\$628.00	\$200,000.00]
[12	46	\$628.00	\$628.00	\$200,000.00]
[13	47	\$628.00	\$628.00	\$200,000.00]
[14	48	\$628.00	\$628.00	\$200,000.00]
[15	49	\$628.00	\$628.00	\$200,000.00]
[16	50	\$1,582.00	\$2,896.00	\$200,000.00]
[17	51	\$1,582.00	\$2,896.00	\$200,000.00]
[18	52	\$1,582.00	\$2,896.00	\$200,000.00]
[19	53	\$1,582.00	\$2,896.00	\$200,000.00]
[20	54	\$1,582.00	\$2,896.00	\$200,000.00]
[21	55	\$2,568.00	\$4,818.00	\$200,000.00]
[22	56	\$2,568.00	\$4,818.00	\$200,000.00]
[23	57	\$2,568.00	\$4,818.00	\$200,000.00]
[24	58	\$2,568.00	\$4,818.00	\$200,000.00]
[25	59	\$2,568.00	\$4,818.00	\$200,000.00]
[26	60	\$4,232.00	\$7,380.00	\$200,000.00]
[27	61	\$4,232.00	\$7,380.00	\$200,000.00]
[28	62	\$4,232.00	\$7,380.00	\$200,000.00]
[29	63	\$4,232.00	\$7,380.00	\$200,000.00]
[30	64	\$4,232.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MARCH 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MARCH 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MARCH 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 30 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-30]
PLF11AB0	SPOUSE TERM RIDER 30	[\$200,000]	[\$950.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$950.00	\$950.00	\$200,000.00]
[02	36	\$950.00	\$950.00	\$200,000.00]
[03	37	\$950.00	\$950.00	\$200,000.00]
[04	38	\$950.00	\$950.00	\$200,000.00]
[05	39	\$950.00	\$950.00	\$200,000.00]
[06	40	\$950.00	\$950.00	\$200,000.00]
[07	41	\$950.00	\$950.00	\$200,000.00]
[08	42	\$950.00	\$950.00	\$200,000.00]
[09	43	\$950.00	\$950.00	\$200,000.00]
[10	44	\$950.00	\$950.00	\$200,000.00]
[11	45	\$950.00	\$950.00	\$200,000.00]
[12	46	\$950.00	\$950.00	\$200,000.00]
[13	47	\$950.00	\$950.00	\$200,000.00]
[14	48	\$950.00	\$950.00	\$200,000.00]
[15	49	\$950.00	\$950.00	\$200,000.00]
[16	50	\$950.00	\$950.00	\$200,000.00]
[17	51	\$950.00	\$950.00	\$200,000.00]
[18	52	\$950.00	\$950.00	\$200,000.00]
[19	53	\$950.00	\$950.00	\$200,000.00]
[20	54	\$950.00	\$950.00	\$200,000.00]
[21	55	\$950.00	\$4,818.00	\$200,000.00]
[22	56	\$950.00	\$4,818.00	\$200,000.00]
[23	57	\$950.00	\$4,818.00	\$200,000.00]
[24	58	\$950.00	\$4,818.00	\$200,000.00]
[25	59	\$950.00	\$4,818.00	\$200,000.00]
[26	60	\$950.00	\$7,380.00	\$200,000.00]
[27	61	\$950.00	\$7,380.00	\$200,000.00]
[28	62	\$950.00	\$7,380.00	\$200,000.00]
[29	63	\$950.00	\$7,380.00	\$200,000.00]
[30	64	\$950.00	\$7,380.00	\$200,000.00]
[31	65	\$6,860.00	\$10,956.00	\$200,000.00]
[32	66	\$6,860.00	\$10,956.00	\$200,000.00]
[33	67	\$6,860.00	\$10,956.00	\$200,000.00]
[34	68	\$6,860.00	\$10,956.00	\$200,000.00]
[35	69	\$6,860.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED SPOUSE: [JANE DOE]

RIDER ISSUE AGE: [35] RIDER DATE OF ISSUE: [MARCH 01, 2011]

RIDER FACE
AMOUNT: [\$200,000] RIDER DATE: [MARCH 01, 2011]

PREMIUM CLASS: [STANDARD/] RIDER EXPIRY DATE: [MARCH 01, 2071]
[TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 35 YEARS
SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	RIDER FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-35]
PLF11AB0	SPOUSE TERM RIDER 35	[\$200,000]	[\$1,138.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
All premiums for the premium payment option You chose are shown on
Rider Page 3A and explained in the Premium Changes by Company
provision.

(THIS PAGE INTENTIONALLY LEFT BLANK)

RIDER SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[01	35	\$1,138.00	\$1,138.00	\$200,000.00]
[02	36	\$1,138.00	\$1,138.00	\$200,000.00]
[03	37	\$1,138.00	\$1,138.00	\$200,000.00]
[04	38	\$1,138.00	\$1,138.00	\$200,000.00]
[05	39	\$1,138.00	\$1,138.00	\$200,000.00]
[06	40	\$1,138.00	\$1,138.00	\$200,000.00]
[07	41	\$1,138.00	\$1,138.00	\$200,000.00]
[08	42	\$1,138.00	\$1,138.00	\$200,000.00]
[09	43	\$1,138.00	\$1,138.00	\$200,000.00]
[10	44	\$1,138.00	\$1,138.00	\$200,000.00]
[11	45	\$1,138.00	\$1,138.00	\$200,000.00]
[12	46	\$1,138.00	\$1,138.00	\$200,000.00]
[13	47	\$1,138.00	\$1,138.00	\$200,000.00]
[14	48	\$1,138.00	\$1,138.00	\$200,000.00]
[15	49	\$1,138.00	\$1,138.00	\$200,000.00]
[16	50	\$1,138.00	\$1,138.00	\$200,000.00]
[17	51	\$1,138.00	\$1,138.00	\$200,000.00]
[18	52	\$1,138.00	\$1,138.00	\$200,000.00]
[19	53	\$1,138.00	\$1,138.00	\$200,000.00]
[20	54	\$1,138.00	\$1,138.00	\$200,000.00]
[21	55	\$1,138.00	\$4,818.00	\$200,000.00]
[22	56	\$1,138.00	\$4,818.00	\$200,000.00]
[23	57	\$1,138.00	\$4,818.00	\$200,000.00]
[24	58	\$1,138.00	\$4,818.00	\$200,000.00]
[25	59	\$1,138.00	\$4,818.00	\$200,000.00]
[26	60	\$1,138.00	\$7,380.00	\$200,000.00]
[27	61	\$1,138.00	\$7,380.00	\$200,000.00]
[28	62	\$1,138.00	\$7,380.00	\$200,000.00]
[29	63	\$1,138.00	\$7,380.00	\$200,000.00]
[30	64	\$1,138.00	\$7,380.00	\$200,000.00]
[31	65	\$1,138.00	\$10,956.00	\$200,000.00]
[32	66	\$1,138.00	\$10,956.00	\$200,000.00]
[33	67	\$1,138.00	\$10,956.00	\$200,000.00]
[34	68	\$1,138.00	\$10,956.00	\$200,000.00]
[35	69	\$1,138.00	\$10,956.00	\$200,000.00]
[36	70	\$8,946.00	\$14,206.00	\$200,000.00]
[37	71	\$10,212.00	\$15,520.00	\$200,000.00]
[38	72	\$11,610.00	\$16,976.00	\$200,000.00]
[39	73	\$13,172.00	\$18,550.00	\$200,000.00]
[40	74	\$14,924.00	\$20,284.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.

RIDER SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR RIDER CONTINUATION TO EXPIRY DATE

RIDER YEARS	RIDER ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	RIDER FACE AMOUNT
[41	75	\$16,908.00	\$22,042.00	\$200,000.00]
[42	76	\$19,062.00	\$23,966.00	\$200,000.00]
[43	77	\$22,652.00	\$26,046.00	\$200,000.00]
[44	78	\$26,762.00	\$28,294.00	\$200,000.00]
[45	79	\$31,534.00	\$31,782.00	\$200,000.00]
[46	80	\$37,188.00	\$38,460.00	\$200,000.00]
[47	81	\$43,964.00	\$44,776.00	\$200,000.00]
[48	82	\$51,712.00	\$52,312.00	\$200,000.00]
[49	83	\$60,308.00	\$61,040.00	\$200,000.00]
[50	84	\$70,408.00	\$71,638.00	\$200,000.00]
[51	85	\$82,224.00	\$83,182.00	\$200,000.00]
[52	86	\$95,994.00	\$96,858.00	\$200,000.00]
[53	87	\$104,410.00	\$105,788.00	\$200,000.00]
[54	88	\$113,440.00	\$115,880.00	\$200,000.00]
[55	89	\$122,936.00	\$125,474.00	\$200,000.00]
[56	90	\$132,742.00	\$136,520.00	\$200,000.00]
[57	91	\$142,850.00	\$148,300.00	\$200,000.00]
[58	92	\$153,272.00	\$161,152.00	\$200,000.00]
[59	93	\$163,992.00	\$175,710.00	\$200,000.00]
[60	94	\$175,020.00	\$193,568.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Premium Changes by Company provision.



**Primerica Life
Insurance Company**
3120 Breckinridge Boulevard
Duluth, Georgia 30099-0001

For Policyowner Service
Call 1-800-257-4725
www.primerica.com

We will pay the Face Amount, in a lump sum, to the Beneficiary upon receiving due proof that the Insured died before the Expiry Date and while this Policy was in force. This agreement is subject to the provisions on the following pages, which constitute the Policy.

RIGHT TO RETURN POLICY: You may return this Policy to Us or Our authorized agent for any reason within 30 days after You receive it or any longer period as may be required by the applicable law in the state where the policy is issued for delivery. If returned, it will be considered void from the beginning. Any premium paid will be refunded.

This Policy is effective at 12:01 A.M. on the Date of Issue.

Signed on the Date of Issue at Our Executive Offices.

[]
Secretary

[]
President

TERM LIFE INSURANCE TO AGE 95

PREMIUMS ARE SUBJECT TO CHANGE

EXCHANGEABLE AFTER FIVE YEARS TO ANNUAL INCREASING PREMIUM
OR DECREASING TERM INSURANCE TO AGE 100

NONPARTICIPATING

Primerica Life Insurance Company
(A Stock Company)
Home Office: Boston, Massachusetts

TABLE OF CONTENTS

PART 1:	DEFINITIONS	Page 4
PART 2:	GENERAL PROVISIONS	Page 4
PART 3:	BENEFICIARY PROVISIONS	Page 5
PART 4:	PREMIUM PROVISIONS	Page 6
PART 5:	EXCHANGE PROVISIONS	Page 7

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MARCH 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MARCH 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MARCH 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 20 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-20]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$855.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$855.00]	[\$444.60]	[\$226.58]	[\$81.23]
TOTAL YEARLY COST FIRST YEAR	[\$855.00]	[\$889.20]	[\$906.32]	[\$974.76]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$855.00	\$855.00	\$200,000.00]
[02	36	\$855.00	\$855.00	\$200,000.00]
[03	37	\$855.00	\$855.00	\$200,000.00]
[04	38	\$855.00	\$855.00	\$200,000.00]
[05	39	\$855.00	\$855.00	\$200,000.00]
[06	40	\$855.00	\$855.00	\$200,000.00]
[07	41	\$855.00	\$855.00	\$200,000.00]
[08	42	\$855.00	\$855.00	\$200,000.00]
[09	43	\$855.00	\$855.00	\$200,000.00]
[10	44	\$855.00	\$855.00	\$200,000.00]
[11	45	\$855.00	\$855.00	\$200,000.00]
[12	46	\$855.00	\$855.00	\$200,000.00]
[13	47	\$855.00	\$855.00	\$200,000.00]
[14	48	\$855.00	\$855.00	\$200,000.00]
[15	49	\$855.00	\$855.00	\$200,000.00]
[16	50	\$855.00	\$855.00	\$200,000.00]
[17	51	\$855.00	\$855.00	\$200,000.00]
[18	52	\$855.00	\$855.00	\$200,000.00]
[19	53	\$855.00	\$855.00	\$200,000.00]
[20	54	\$855.00	\$855.00	\$200,000.00]
[21	55	\$2,643.00	\$4,893.00	\$200,000.00]
[22	56	\$2,643.00	\$4,893.00	\$200,000.00]
[23	57	\$2,643.00	\$4,893.00	\$200,000.00]
[24	58	\$2,643.00	\$4,893.00	\$200,000.00]
[25	59	\$2,643.00	\$4,893.00	\$200,000.00]
[26	60	\$4,307.00	\$7,455.00	\$200,000.00]
[27	61	\$4,307.00	\$7,455.00	\$200,000.00]
[28	62	\$4,307.00	\$7,455.00	\$200,000.00]
[29	63	\$4,307.00	\$7,455.00	\$200,000.00]
[30	64	\$4,307.00	\$7,455.00	\$200,000.00]
[31	65	\$6,935.00	\$11,031.00	\$200,000.00]
[32	66	\$6,935.00	\$11,031.00	\$200,000.00]
[33	67	\$6,935.00	\$11,031.00	\$200,000.00]
[34	68	\$6,935.00	\$11,031.00	\$200,000.00]
[35	69	\$6,935.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MARCH 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MARCH 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MARCH 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 10 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 10 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-10]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$467.00]

*The Scheduled Annual Premiums shown above are guaranteed for 10 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$467.00]	[\$242.84]	[\$123.76]	[\$44.37]
TOTAL YEARLY COST FIRST YEAR	[\$467.00]	[\$485.68]	[\$495.04]	[\$532.44]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$467.00	\$467.00	\$200,000.00]
[02	36	\$467.00	\$467.00	\$200,000.00]
[03	37	\$467.00	\$467.00	\$200,000.00]
[04	38	\$467.00	\$467.00	\$200,000.00]
[05	39	\$467.00	\$467.00	\$200,000.00]
[06	40	\$467.00	\$467.00	\$200,000.00]
[07	41	\$467.00	\$467.00	\$200,000.00]
[08	42	\$467.00	\$467.00	\$200,000.00]
[09	43	\$467.00	\$467.00	\$200,000.00]
[10	44	\$467.00	\$467.00	\$200,000.00]
[11	45	\$1,101.00	\$1,701.00	\$200,000.00]
[12	46	\$1,101.00	\$1,701.00	\$200,000.00]
[13	47	\$1,101.00	\$1,701.00	\$200,000.00]
[14	48	\$1,101.00	\$1,701.00	\$200,000.00]
[15	49	\$1,101.00	\$1,701.00	\$200,000.00]
[16	50	\$1,657.00	\$2,971.00	\$200,000.00]
[17	51	\$1,657.00	\$2,971.00	\$200,000.00]
[18	52	\$1,657.00	\$2,971.00	\$200,000.00]
[19	53	\$1,657.00	\$2,971.00	\$200,000.00]
[20	54	\$1,657.00	\$2,971.00	\$200,000.00]
[21	55	\$2,643.00	\$4,893.00	\$200,000.00]
[22	56	\$2,643.00	\$4,893.00	\$200,000.00]
[23	57	\$2,643.00	\$4,893.00	\$200,000.00]
[24	58	\$2,643.00	\$4,893.00	\$200,000.00]
[25	59	\$2,643.00	\$4,893.00	\$200,000.00]
[26	60	\$4,307.00	\$7,455.00	\$200,000.00]
[27	61	\$4,307.00	\$7,455.00	\$200,000.00]
[28	62	\$4,307.00	\$7,455.00	\$200,000.00]
[29	63	\$4,307.00	\$7,455.00	\$200,000.00]
[30	64	\$4,307.00	\$7,455.00	\$200,000.00]
[31	65	\$6,935.00	\$11,031.00	\$200,000.00]
[32	66	\$6,935.00	\$11,031.00	\$200,000.00]
[33	67	\$6,935.00	\$11,031.00	\$200,000.00]
[34	68	\$6,935.00	\$11,031.00	\$200,000.00]
[35	69	\$6,935.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MARCH 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MARCH 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MARCH 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 15 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 15 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-15]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$703.00]

*The Scheduled Annual Premiums shown above are guaranteed for 15 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$703.00]	[\$365.56]	[\$186.30]	[\$66.79]
TOTAL YEARLY COST FIRST YEAR	[\$703.00]	[\$731.12]	[\$745.20]	[\$801.48]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$703.00	\$703.00	\$200,000.00]
[02	36	\$703.00	\$703.00	\$200,000.00]
[03	37	\$703.00	\$703.00	\$200,000.00]
[04	38	\$703.00	\$703.00	\$200,000.00]
[05	39	\$703.00	\$703.00	\$200,000.00]
[06	40	\$703.00	\$703.00	\$200,000.00]
[07	41	\$703.00	\$703.00	\$200,000.00]
[08	42	\$703.00	\$703.00	\$200,000.00]
[09	43	\$703.00	\$703.00	\$200,000.00]
[10	44	\$703.00	\$703.00	\$200,000.00]
[11	45	\$703.00	\$703.00	\$200,000.00]
[12	46	\$703.00	\$703.00	\$200,000.00]
[13	47	\$703.00	\$703.00	\$200,000.00]
[14	48	\$703.00	\$703.00	\$200,000.00]
[15	49	\$703.00	\$703.00	\$200,000.00]
[16	50	\$1,657.00	\$2,971.00	\$200,000.00]
[17	51	\$1,657.00	\$2,971.00	\$200,000.00]
[18	52	\$1,657.00	\$2,971.00	\$200,000.00]
[19	53	\$1,657.00	\$2,971.00	\$200,000.00]
[20	54	\$1,657.00	\$2,971.00	\$200,000.00]
[21	55	\$2,643.00	\$4,893.00	\$200,000.00]
[22	56	\$2,643.00	\$4,893.00	\$200,000.00]
[23	57	\$2,643.00	\$4,893.00	\$200,000.00]
[24	58	\$2,643.00	\$4,893.00	\$200,000.00]
[25	59	\$2,643.00	\$4,893.00	\$200,000.00]
[26	60	\$4,307.00	\$7,455.00	\$200,000.00]
[27	61	\$4,307.00	\$7,455.00	\$200,000.00]
[28	62	\$4,307.00	\$7,455.00	\$200,000.00]
[29	63	\$4,307.00	\$7,455.00	\$200,000.00]
[30	64	\$4,307.00	\$7,455.00	\$200,000.00]
[31	65	\$6,935.00	\$11,031.00	\$200,000.00]
[32	66	\$6,935.00	\$11,031.00	\$200,000.00]
[33	67	\$6,935.00	\$11,031.00	\$200,000.00]
[34	68	\$6,935.00	\$11,031.00	\$200,000.00]
[35	69	\$6,935.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MARCH 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MARCH 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MARCH 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 30 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-30]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$1,025.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$1,025.00]	[\$533.00]	[\$271.63]	[\$97.38]
TOTAL YEARLY COST				
FIRST YEAR	[\$1,025.00]	[\$1,066.00]	[\$1,086.52]	[\$1,168.56]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$1,025.00	\$1,025.00	\$200,000.00]
[02	36	\$1,025.00	\$1,025.00	\$200,000.00]
[03	37	\$1,025.00	\$1,025.00	\$200,000.00]
[04	38	\$1,025.00	\$1,025.00	\$200,000.00]
[05	39	\$1,025.00	\$1,025.00	\$200,000.00]
[06	40	\$1,025.00	\$1,025.00	\$200,000.00]
[07	41	\$1,025.00	\$1,025.00	\$200,000.00]
[08	42	\$1,025.00	\$1,025.00	\$200,000.00]
[09	43	\$1,025.00	\$1,025.00	\$200,000.00]
[10	44	\$1,025.00	\$1,025.00	\$200,000.00]
[11	45	\$1,025.00	\$1,025.00	\$200,000.00]
[12	46	\$1,025.00	\$1,025.00	\$200,000.00]
[13	47	\$1,025.00	\$1,025.00	\$200,000.00]
[14	48	\$1,025.00	\$1,025.00	\$200,000.00]
[15	49	\$1,025.00	\$1,025.00	\$200,000.00]
[16	50	\$1,025.00	\$1,025.00	\$200,000.00]
[17	51	\$1,025.00	\$1,025.00	\$200,000.00]
[18	52	\$1,025.00	\$1,025.00	\$200,000.00]
[19	53	\$1,025.00	\$1,025.00	\$200,000.00]
[20	54	\$1,025.00	\$1,025.00	\$200,000.00]
[21	55	\$1,025.00	\$4,893.00	\$200,000.00]
[22	56	\$1,025.00	\$4,893.00	\$200,000.00]
[23	57	\$1,025.00	\$4,893.00	\$200,000.00]
[24	58	\$1,025.00	\$4,893.00	\$200,000.00]
[25	59	\$1,025.00	\$4,893.00	\$200,000.00]
[26	60	\$1,025.00	\$7,455.00	\$200,000.00]
[27	61	\$1,025.00	\$7,455.00	\$200,000.00]
[28	62	\$1,025.00	\$7,455.00	\$200,000.00]
[29	63	\$1,025.00	\$7,455.00	\$200,000.00]
[30	64	\$1,025.00	\$7,455.00	\$200,000.00]
[31	65	\$6,935.00	\$11,031.00	\$200,000.00]
[32	66	\$6,935.00	\$11,031.00	\$200,000.00]
[33	67	\$6,935.00	\$11,031.00	\$200,000.00]
[34	68	\$6,935.00	\$11,031.00	\$200,000.00]
[35	69	\$6,935.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS

POLICY NUMBER: [04SPECIMEN] INSURED: [JOHN DOE]
 ISSUE AGE: [35] DATE OF ISSUE:[MARCH 01, 2011]
 FACE AMOUNT: [\$200,000] POLICY DATE: [MARCH 01, 2011]
 PREMIUM CLASS: [STANDARD/] EXPIRY DATE: [MARCH 01, 2071]
 [TOBACCO,NICOTINE]

INITIAL LEVEL PREMIUM PERIOD FOR 35 YEARS
 SCHEDULED PREMIUMS ARE GUARANTEED FOR 20 YEARS

FORM NUMBER	PLAN NAME	FACE AMOUNT	SCHEDULED ANNUAL PREMIUMS* [YEARS 1-35]
PLF11AA0AR	TERM LIFE INSURANCE TO AGE 95	[\$200,000]	[\$1,213.00]

*The Scheduled Annual Premiums shown above are guaranteed for 20 years.
 All premiums for the premium payment option You chose are shown on
 Page 3A and explained in Part 4, Premium Provisions. Premiums include
 an annual policy fee of \$75.00.

TOTAL PREMIUM PAYMENT OPTIONS (includes all riders):

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
FIRST YEAR	[\$1,213.00]	[\$630.76]	[\$321.45]	[\$115.24]
TOTAL YEARLY COST				
FIRST YEAR	[\$1,213.00]	[\$1,261.52]	[\$1,285.80]	[\$1,382.88]

If you would like additional information about the costs of our periodic
 payments, please contact us at [1-800-257-4725.]

(THIS PAGE INTENTIONALLY LEFT BLANK)

POLICY SPECIFICATIONS (CONT'D)

TABLE A
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[01	35	\$1,213.00	\$1,213.00	\$200,000.00]
[02	36	\$1,213.00	\$1,213.00	\$200,000.00]
[03	37	\$1,213.00	\$1,213.00	\$200,000.00]
[04	38	\$1,213.00	\$1,213.00	\$200,000.00]
[05	39	\$1,213.00	\$1,213.00	\$200,000.00]
[06	40	\$1,213.00	\$1,213.00	\$200,000.00]
[07	41	\$1,213.00	\$1,213.00	\$200,000.00]
[08	42	\$1,213.00	\$1,213.00	\$200,000.00]
[09	43	\$1,213.00	\$1,213.00	\$200,000.00]
[10	44	\$1,213.00	\$1,213.00	\$200,000.00]
[11	45	\$1,213.00	\$1,213.00	\$200,000.00]
[12	46	\$1,213.00	\$1,213.00	\$200,000.00]
[13	47	\$1,213.00	\$1,213.00	\$200,000.00]
[14	48	\$1,213.00	\$1,213.00	\$200,000.00]
[15	49	\$1,213.00	\$1,213.00	\$200,000.00]
[16	50	\$1,213.00	\$1,213.00	\$200,000.00]
[17	51	\$1,213.00	\$1,213.00	\$200,000.00]
[18	52	\$1,213.00	\$1,213.00	\$200,000.00]
[19	53	\$1,213.00	\$1,213.00	\$200,000.00]
[20	54	\$1,213.00	\$1,213.00	\$200,000.00]
[21	55	\$1,213.00	\$4,893.00	\$200,000.00]
[22	56	\$1,213.00	\$4,893.00	\$200,000.00]
[23	57	\$1,213.00	\$4,893.00	\$200,000.00]
[24	58	\$1,213.00	\$4,893.00	\$200,000.00]
[25	59	\$1,213.00	\$4,893.00	\$200,000.00]
[26	60	\$1,213.00	\$7,455.00	\$200,000.00]
[27	61	\$1,213.00	\$7,455.00	\$200,000.00]
[28	62	\$1,213.00	\$7,455.00	\$200,000.00]
[29	63	\$1,213.00	\$7,455.00	\$200,000.00]
[30	64	\$1,213.00	\$7,455.00	\$200,000.00]
[31	65	\$1,213.00	\$11,031.00	\$200,000.00]
[32	66	\$1,213.00	\$11,031.00	\$200,000.00]
[33	67	\$1,213.00	\$11,031.00	\$200,000.00]
[34	68	\$1,213.00	\$11,031.00	\$200,000.00]
[35	69	\$1,213.00	\$11,031.00	\$200,000.00]
[36	70	\$9,021.00	\$14,281.00	\$200,000.00]
[37	71	\$10,287.00	\$15,595.00	\$200,000.00]
[38	72	\$11,685.00	\$17,051.00	\$200,000.00]
[39	73	\$13,247.00	\$18,625.00	\$200,000.00]
[40	74	\$14,999.00	\$20,359.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

POLICY SPECIFICATIONS (CONT'D)

TABLE A (CONT'D)
[ANNUAL] PREMIUMS FOR BASE POLICY CONTINUATION TO EXPIRY DATE

POLICY YEARS	ATTAINED AGE	SCHEDULED [ANNUAL] PREMIUMS*	MAXIMUM [ANNUAL] PREMIUMS	FACE AMOUNT
[41	75	\$16,983.00	\$22,117.00	\$200,000.00]
[42	76	\$19,137.00	\$24,041.00	\$200,000.00]
[43	77	\$22,727.00	\$26,121.00	\$200,000.00]
[44	78	\$26,837.00	\$28,369.00	\$200,000.00]
[45	79	\$31,609.00	\$31,857.00	\$200,000.00]
[46	80	\$37,263.00	\$38,535.00	\$200,000.00]
[47	81	\$44,039.00	\$44,851.00	\$200,000.00]
[48	82	\$51,787.00	\$52,387.00	\$200,000.00]
[49	83	\$60,383.00	\$61,115.00	\$200,000.00]
[50	84	\$70,483.00	\$71,713.00	\$200,000.00]
[51	85	\$82,299.00	\$83,257.00	\$200,000.00]
[52	86	\$96,069.00	\$96,933.00	\$200,000.00]
[53	87	\$104,485.00	\$105,863.00	\$200,000.00]
[54	88	\$113,515.00	\$115,955.00	\$200,000.00]
[55	89	\$123,011.00	\$125,549.00	\$200,000.00]
[56	90	\$132,817.00	\$136,595.00	\$200,000.00]
[57	91	\$142,925.00	\$148,375.00	\$200,000.00]
[58	92	\$153,347.00	\$161,227.00	\$200,000.00]
[59	93	\$164,067.00	\$175,785.00	\$200,000.00]
[60	94	\$175,095.00	\$193,643.00	\$200,000.00]

*Scheduled premiums may change, but they will not increase above the maximum premiums. See Part 4, Premium Provisions.

PART 1 DEFINITIONS

These are some key words used in this Policy.

1. *ATTAINED AGE* - The Issue Age plus the number of policy years since the Policy Date.
2. *BENEFICIARY* - The person(s) to whom the Policy proceeds are payable at the death of the Insured. This is the person(s) named in the application as the Beneficiary, unless later changed (see Part 3).
3. *DATE OF ISSUE* - The date shown on Page 3 on which We issue the Policy to You. This date controls the Incontestability and Suicide Exclusion provisions in Part 2.
4. *EXPIRY DATE* - The date shown on Page 3. The Policy continues until this date. It is not in force on or after this date.
5. *FACE AMOUNT* - The amount of insurance for each policy year which is shown in Table A on Page 3A.
6. *INSURED* - The person whose life the Policy insures and who is named in the Policy Specifications.
7. *ISSUE AGE* - The Insured's age on the birthday nearest the Policy Date.
8. *NOTICE TO US* - Communication We have received from You which is acceptable to Us.
9. *POLICY DATE* - The date shown on Page 3 from which premium due dates, policy anniversaries, policy years and policy months are measured.
10. *PREMIUM CLASS* - The risk classification used in determining what premiums You pay.
11. *WE, OUR or US* - Primerica Life Insurance Company.
12. *YOU or YOUR* - The Owner of the Policy. Unless You tell Us otherwise, the Owner is the Insured.

PART 2 GENERAL PROVISIONS

OWNER OF POLICY - This Policy belongs to You. During the Insured's life, You have all of the rights described in this Policy. You may change the Owner by Notice to Us. Unless otherwise specified the change in owner designation is effective the date the Notice to Us is signed, subject to any payments made or actions taken by Us prior to receipt of the Notice. If You die, Your rights will pass to the named contingent owner, if any. If there is no named contingent owner, Your rights will pass to the Insured.

THE CONTRACT - This Policy is issued in consideration of the application and payment of the first premium. A copy of the application and any supplemental applications (including, but not limited to, interviews and examination reports), is attached and is a part of the Policy. Together, they are the entire contract. All statements in the application, except fraudulent ones, are deemed to be representations and not warranties. No statement will void this Policy or be used in defense of a claim unless: (1) it is contained in a written application; and (2) a copy of that application is attached to this Policy.

DUPLICATE POLICY - You may request a duplicate copy of Your current Policy, that will not contain a copy of the application(s), unless requested by You. A duplicate Policy request should be sent to Us at Our Executive Offices. We will charge a fee for each duplicate Policy request.

WAIVER OR MODIFICATION - Any change to this Policy must be in writing and signed by Our President or Secretary. No agent or any other person can change this Policy or waive any of its provisions on Our behalf.

MISSTATEMENT OF AGE - If the age of the Insured has been misstated in the application, the death benefit shall be what the most recent premium would have purchased for the correct age.

INCONTESTABILITY - We will not contest this Policy after it has been in force for two years during the Insured's life except for non-payment of premium and fraud in the procurement of the policy, when permitted by applicable law in the state where the policy is delivered or issued for delivery. The two years begin on the Date of Issue.

SUICIDE EXCLUSION - If the Insured dies by suicide, while sane or insane, within two years of the Date of Issue, We are only liable for the premiums paid. For reinstated policies, the two year period begins anew.

REPLACED COVERAGE - If insurance coverage (excluding group coverage) is to be replaced, as shown in the application, and has terminated: (a) prior to the Insured's death, including death by suicide; and (b) between 60 days before and 60 days after the Date of Issue of this Policy, We will not contest the amount of the replaced coverage that would not have been contestable had it not been replaced. If it is not possible to terminate any coverage to be replaced because of its provisions within 60 days after the Date of Issue of this Policy, such 60-day period will be extended to the earliest possible date for the coverage to be terminated under its provisions. For example, You are insured under another company's policy for \$100,000 and that policy has been in force two years. If this Policy replaced the other company's policy, We would not contest this Policy for up to \$100,000. We would however, be able to contest any amount over \$100,000.

NONPARTICIPATION - This Policy does not participate in Our profits or surplus.

ASSIGNMENT - You may assign Your rights under this Policy. You must give Notice to Us of the assignment. Unless otherwise specified, the assignment is effective on the date the Notice to Us is signed, subject to any payments made or actions taken by Us prior to receipt of the Notice to Us. We are not responsible for the validity of any assignment. The interest of any Beneficiary not designated irrevocable will be subject to the rights of any assignee.

PAYMENT OF PROCEEDS - Due proof of the death of the Insured must be sent to Us at Our Executive Offices. We must receive a certified death certificate, completed claim forms and a valid authorization for Us to obtain all medical and other records concerning the Insured. Death proceeds equal: (1) the Face Amount of this Policy as shown in Table A on Page 3A; plus (2) any rider benefits; and minus (3) any overdue premium if death occurs during a grace period. Any interest payable on death proceeds will be paid according to applicable state law.

A Beneficiary may choose to receive installments for a fixed period. If chosen, the proceeds will be paid in equal payments for a fixed period. The frequency of the installments and the fixed period will be as selected. The fixed period may not exceed 25 years. The amount of each installment will be determined from the table below. The interest paid under this option is 0.75%. This option will be available only if the amount to be paid to any Beneficiary is at least \$10,000 and is also sufficient to provide a periodic payment of at least \$25.

MONTHLY INSTALLMENTS FOR EACH \$1,000 PAYABLE

Fixed Period in Years	Monthly Amount*	Fixed Period in Years	Monthly Amount*	Fixed Period in Years	Monthly Amount*	Fixed Period in Years	Monthly Amount*	Fixed Period in Years	Monthly Amount*
1	\$83.62	6	\$14.20	11	\$ 7.89	16	\$ 5.52	21	\$ 4.29
2	41.97	7	12.22	12	7.26	17	5.22	22	4.11
3	28.08	8	10.73	13	6.72	18	4.95	23	3.94
4	21.14	9	9.57	14	6.27	19	4.70	24	3.79
5	16.97	10	8.65	15	5.87	20	4.48	25	3.65

* Multiply the monthly installment by 2.998 to obtain the quarterly installment; by 5.991 to obtain the semiannual installment; and by 11.959 to obtain the annual installment.

CANCELLATION - You may cancel Your Policy at any time by Notice to Us. Your Policy will be canceled as of the date We receive the Notice, or, if stated in Your Notice, as of a later date. If this Policy is canceled before the Expiry Date and premiums have been paid in advance, We will refund any unearned portion of the premiums paid beyond the end of the policy month in which cancellation occurred.

PART 3 BENEFICIARY PROVISIONS

BENEFICIARY - The Beneficiary's interest will end if the Beneficiary dies before the Insured. If no primary Beneficiary is living at the Insured's death, the death proceeds will be paid to any contingent Beneficiary living at the Insured's death. The proceeds will be paid to the Owner if the Insured dies and there is no living primary or contingent Beneficiary. Proceeds will be paid to the Insured's estate if there is no living Beneficiary or Owner. We may rely on a sworn statement by any responsible person to discover the identity or nonexistence of any Beneficiary not identified by name.

CHANGE OF BENEFICIARY - You can change a Beneficiary by Notice to Us. You can only change a Beneficiary while the Insured is alive. A Beneficiary designated irrevocable on Our records may not be changed except with the written consent of that Beneficiary. A Beneficiary change will take effect on the date of the Notice to Us unless otherwise specified by You. If the Insured died before We receive this Notice, the change is effective, subject to any prior payment of proceeds.

PART 4 PREMIUM PROVISIONS

PREMIUM PAYMENTS - Premiums are payable to Us in advance. The first premium is due on or before delivery of this Policy and may be paid to Us through one of Our agents. Subsequent premiums must be paid to Us at Our Executive Offices and are due at 12, 6, 3 or 1 Policy month intervals, depending on the premium payment option You chose in the application. The premiums shown on Page 3A are for the premium payment option You chose. Premium amounts for all available payment options are on Page 3. More frequent payments result in a higher total annualized premium. You may change the premium payment option for future premium payments upon Notice to Us. Premiums are not due for any period after the Insured's death or the Expiry Date.

If a part of the total premium is no longer payable under the provisions of a Rider, the total premium will be adjusted accordingly.

PREMIUM CHANGES BY COMPANY - Premiums for this Policy will be the scheduled premiums shown on Pages 3 and 3A, unless changed by Us. We reserve the right to change the scheduled premiums. We will not change them more often than once a year, and in no event will the scheduled premiums be greater than the maximum premiums shown on Page 3A. Any such change will apply uniformly to all policies of this form issued to Insureds having the same Issue Age, duration, Premium Class, year, month, and state of issue; and will be based on future anticipated or emerging experience, including, but not limited to investment earnings, mortality, persistency, taxes and expenses. No change in premiums or Premium Class will occur because of deterioration of the Insured's health or change in occupation.

We will mail written notice to You at least 60 days prior to the date on which a change in Your scheduled premiums will become effective. We will send You new policy specifications pages to reflect any changes in scheduled premiums.

OTHER PREMIUM CHANGES - Changes requested by You and approved by Us to the Face Amount or Premium Class of this Policy or the Face Amount or Premium Class of any Riders may also change Your scheduled premiums.

RETURN OF UNEARNED PREMIUM AT DEATH - In the event of the Insured's death, the proceeds payable to the Beneficiary under this Policy shall include premiums paid for any period beyond the end of the Policy month in which death occurred.

GRACE PERIOD - This Policy has a 31 day grace period. This means that, except for the first premium, if a premium is not paid on or before the date it is due, it may be paid during the next 31 days. No interest will be charged for this late payment. During this 31 day period, the Policy will stay in force. If You do not pay the premium by the end of the grace period, this Policy will automatically terminate.

REINSTATEMENT - If this Policy terminates due to unpaid premium, it may be reinstated within three years after the date the first unpaid premium was due, if prior to the Expiry Date.

To reinstate this Policy, We must have evidence of insurability satisfactory to Us for all persons to be covered and payment of all unpaid premiums, plus interest at 6% per year compounded annually. The Policy Date of the reinstated policy will remain the original Policy Date. The reinstated date is the date We approve the reinstatement application.

Another option for reinstating this Policy is by providing evidence of insurability satisfactory to Us for all persons to be covered and payment of one month's premium. The Policy Date of the reinstated policy will be adjusted based on the length of time Your policy was lapsed. Reinstatement in this manner may result in changes in insurance age(s) and premiums may increase. You will be notified by Us if there is a premium increase. The reinstated date is the date We approve the reinstatement application.

The reinstated Policy shall be incontestable to the same extent as indicated in the above Incontestability Provision, from the reinstated date based only on statements in the reinstatement application, unless the original contestable period has not expired. This means that the two year contestable period will begin anew with the reinstatement.

PART 5
EXCHANGE PROVISIONS

EXCHANGE AT ATTAINED AGE - This Policy provides coverage until the Expiry Date, or You may exchange this Policy at any time after it has been in force for five years to the Annual Increasing Premium Term Insurance to Age 100 Plan or the Decreasing Term Insurance to Age 100 Plan described below. If the exchange is for the same class of insurance, we will not require evidence of insurability. The new plan will take effect on the exchange date and this Policy will terminate. However, the new plan's Incontestability and Suicide Exclusion provisions will be controlled by the Date of Issue of this Policy. We will issue either revised policy specifications pages or a new policy.

The following conditions are necessary for exchange: (1) We receive Notice to Us requesting an exchange; (2) the face amount of the new plan is not less than the minimum required by Us nor greater than the Face Amount in effect under this Policy on the exchange date; (3) the required premium is paid within 31 days after the exchange date; (4) the Insured is alive; (5) this Policy is in force on the exchange date; and (6) premiums for Your current Policy are not being waived under any rider attached to this Policy. The exchange plan will be issued at Our premium rates for that plan for the Insured's Attained Age on the exchange date based on the same Premium Class shown on Page 3, provided the face amount of the new plan is not less than the minimum required by Us nor greater than the Face Amount in effect under this Policy on the exchange date.

ANNUAL INCREASING PREMIUM TERM INSURANCE TO AGE 100 PLAN - For this plan, the face amount remains level while premiums increase each year with Attained Age. Annual premiums per \$1,000 face amount for this plan are shown below in Table B. We reserve the right to change the scheduled premiums shown in Table B. We will not change the premiums to more than the maximum premiums shown in Table B.

TABLE B
NON-TOBACCO USE
ANNUAL EXCHANGE PREMIUMS PER \$1,000 FACE AMOUNT
THE ANNUAL POLICY FEE OF \$75 MUST BE ADDED.

AGE	SCHEDULED				MAXIMUM	AGE	SCHEDULED				MAXIMUM
	\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS		\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS
20	\$ 1.13	\$ 1.10	\$ 0.99	\$ 0.90	\$ 1.64	60	\$ 11.55	\$ 10.43	\$ 9.68	\$ 9.24	\$ 16.01
21	1.13	1.10	0.99	0.90	1.64	61	12.75	11.52	10.69	10.20	17.37
22	1.13	1.10	0.99	0.90	1.64	62	14.09	12.73	11.81	11.27	18.87
23	1.13	1.10	0.99	0.90	1.64	63	15.49	13.99	12.99	12.39	20.40
24	1.13	1.10	0.99	0.90	1.64	64	17.01	15.36	14.27	13.60	22.07
25	1.13	1.10	0.99	0.90	1.64	65	18.67	16.87	15.67	14.94	23.91
26	1.13	1.10	0.99	0.90	1.64	66	20.40	18.43	17.11	16.33	25.94
27	1.13	1.10	0.99	0.90	1.64	67	22.30	20.29	18.71	17.85	28.17
28	1.13	1.10	0.99	0.90	1.64	68	24.41	22.36	20.48	19.53	30.66
29	1.13	1.10	0.99	0.90	1.64	69	26.03	24.02	21.83	20.82	33.38
30	1.13	1.10	0.99	0.90	1.64	70	28.64	26.61	24.03	22.91	36.39
31	1.13	1.10	0.99	0.90	1.64	71	31.46	29.45	26.51	25.24	39.86
32	1.13	1.10	0.99	0.90	1.64	72	34.48	32.49	29.18	27.73	43.73
33	1.13	1.10	0.99	0.90	1.64	73	38.48	35.82	32.10	30.44	47.92
34	1.19	1.16	1.04	0.95	1.77	74	42.92	39.50	35.31	33.42	52.53
35	1.26	1.22	1.09	1.00	1.93	75	47.89	43.57	38.89	36.74	57.64
36	1.34	1.29	1.17	1.07	2.06	76	53.49	48.12	42.86	40.42	63.24
37	1.45	1.39	1.26	1.15	2.23	77	59.73	53.15	47.28	44.51	69.40
38	1.51	1.45	1.31	1.21	2.31	78	66.68	58.71	52.16	49.02	76.22
39	1.63	1.56	1.42	1.30	2.44	79	74.36	64.79	57.52	53.94	83.57
40	1.77	1.69	1.54	1.42	2.60	80	82.78	71.41	63.35	59.32	91.80
41	1.91	1.81	1.65	1.53	2.75	81	91.98	78.57	69.69	65.14	102.96
42	2.07	1.95	1.78	1.66	2.92	82	101.90	86.21	76.33	71.37	115.55
43	2.26	2.11	1.93	1.80	3.14	83	112.60	94.37	83.45	78.04	128.10
44	2.45	2.29	2.09	1.96	3.40	84	124.55	103.42	91.37	85.47	141.97
45	2.67	2.48	2.28	2.14	3.70	85	137.75	113.36	100.11	93.68	157.59
46	2.92	2.70	2.48	2.34	4.05	86	152.25	124.20	109.67	102.67	171.76
47	3.18	2.92	2.70	2.55	4.48	87	168.13	135.98	120.14	112.53	193.09
48	3.48	3.17	2.93	2.78	4.95	88	185.40	148.70	131.52	123.23	215.37
49	3.77	3.42	3.16	3.01	5.47	89	200.93	162.19	143.68	134.72	239.13
50	4.10	3.71	3.44	3.29	6.08	90	216.96	176.25	156.48	146.80	261.03
51	4.54	4.09	3.80	3.63	6.75	91	233.48	189.73	169.95	159.55	272.10
52	5.03	4.54	4.22	4.02	7.51	92	250.52	203.64	184.12	172.99	293.89
53	5.56	5.03	4.67	4.45	8.33	93	268.04	217.95	199.06	187.16	326.21
54	6.13	5.54	5.13	4.90	9.19	94	286.05	232.67	214.78	202.11	367.01
55	6.78	6.12	5.69	5.42	10.13	95	304.58	247.74	228.70	215.21	417.38
56	7.56	6.83	6.35	6.05	11.21	96	324.95	264.31	243.98	229.59	465.21
57	8.43	7.61	7.07	6.74	12.33	97	389.85	317.11	292.73	275.46	514.45
58	9.41	8.50	7.90	7.52	13.54	98	412.62	335.61	309.81	291.53	522.89
59	10.45	9.43	8.76	8.35	14.75	99	435.91	354.57	327.30	307.99	551.12

NOTE: AGE IS ATTAINED AGE.

TABLE B (CONT'D)
TOBACCO USE
ANNUAL EXCHANGE PREMIUMS PER \$1,000 FACE AMOUNT
THE ANNUAL POLICY FEE OF \$75 MUST BE ADDED.

AGE	SCHEDULED				MAXIMUM	AGE	SCHEDULED				MAXIMUM
	\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS		\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS
20	\$ 1.83	\$ 1.80	\$ 1.56	\$ 1.50	\$ 2.53	60	\$19.39	\$18.21	\$17.02	\$16.61	\$31.75
21	1.83	1.80	1.56	1.50	2.53	61	21.42	20.11	18.80	18.36	34.44
22	1.83	1.80	1.56	1.50	2.53	62	23.72	22.27	20.81	20.34	37.47
23	1.83	1.80	1.56	1.50	2.53	63	26.12	24.53	22.93	22.39	40.53
24	1.83	1.80	1.56	1.50	2.53	64	28.71	26.96	25.20	24.61	43.78
25	1.83	1.80	1.56	1.50	2.53	65	31.57	29.64	27.71	27.06	47.34
26	1.83	1.80	1.56	1.50	2.53	66	34.31	32.21	30.12	29.41	51.14
27	1.83	1.80	1.56	1.50	2.53	67	37.39	35.10	32.81	32.05	55.42
28	1.83	1.80	1.56	1.50	2.53	68	40.77	38.28	35.78	34.95	60.14
29	1.83	1.80	1.56	1.50	2.53	69	43.30	40.65	38.00	37.12	65.28
30	1.83	1.80	1.56	1.50	2.53	70	47.64	44.73	41.81	40.84	71.03
31	1.83	1.80	1.56	1.50	2.53	71	55.84	51.06	46.58	45.40	77.60
32	1.83	1.80	1.56	1.50	2.53	72	62.06	58.05	51.73	50.33	84.88
33	1.83	1.80	1.56	1.50	2.53	73	69.59	65.86	57.40	55.74	92.75
34	1.90	1.86	1.63	1.56	2.76	74	78.39	74.62	63.68	61.72	101.42
35	2.03	1.99	1.74	1.68	3.06	75	88.17	84.54	70.71	68.40	110.21
36	2.16	2.11	1.85	1.77	3.32	76	98.65	95.31	78.54	75.84	119.83
37	2.34	2.28	2.01	1.94	3.62	77	109.60	105.60	87.28	84.14	130.23
38	2.48	2.41	2.12	2.05	3.82	78	121.09	116.33	96.95	93.30	141.47
39	2.66	2.59	2.29	2.22	4.09	79	133.44	127.80	107.61	103.38	153.68
40	2.87	2.76	2.47	2.39	4.35	80	147.18	140.53	119.26	114.39	166.89
41	3.10	2.99	2.69	2.59	4.67	81	162.73	154.91	131.94	126.35	185.34
42	3.38	3.25	2.92	2.82	5.04	82	180.55	169.89	145.54	139.16	205.47
43	3.69	3.54	3.20	3.10	5.49	83	200.07	184.74	160.15	152.90	225.27
44	4.01	3.84	3.49	3.38	6.00	84	222.99	201.10	176.39	168.15	246.65
45	4.37	4.16	3.79	3.69	6.60	85	245.89	218.97	194.30	184.97	268.36
46	4.71	4.48	4.11	3.99	7.27	86	271.91	238.36	213.95	203.38	286.80
47	5.13	4.87	4.47	4.35	8.12	87	296.98	259.26	235.36	223.42	315.55
48	5.63	5.32	4.92	4.80	9.17	88	325.31	281.68	258.60	245.15	344.48
49	6.18	5.83	5.41	5.28	10.35	89	352.24	305.26	283.39	268.28	373.81
50	6.79	6.37	5.95	5.81	11.66	90	383.25	329.61	309.36	292.49	398.01
51	7.53	7.07	6.61	6.45	13.09	91	416.32	354.71	336.56	317.79	416.42
52	8.35	7.84	7.33	7.16	14.66	92	452.40	380.59	365.00	344.21	452.50
53	9.26	8.69	8.12	7.93	16.34	93	493.27	407.21	394.71	371.77	493.37
54	10.30	9.67	9.04	8.82	18.19	94	543.40	434.59	425.69	400.47	543.50
55	11.44	10.73	10.04	9.80	20.14	95	566.60	462.73	453.26	426.40	568.43
56	12.74	11.96	11.18	10.92	22.25	96	594.61	492.93	482.84	454.23	626.44
57	14.22	13.35	12.47	12.19	24.51	97	655.20	566.74	555.14	522.24	684.72
58	15.75	14.78	13.82	13.50	26.72	98	738.53	599.81	587.52	552.72	739.53
59	17.50	16.42	15.36	15.00	29.18	99	780.25	633.69	620.72	583.94	781.25

NOTE: AGE IS ATTAINED AGE.

DECREASING TERM INSURANCE TO AGE 100 PLAN - For this plan, the face amount decreases while premiums remain level. The face amount decreases each year with Attained Age, as shown in Table C below. We reserve the right to change the scheduled face amount, but not lower than the minimum face amount as determined from Table C.

TABLE C
NON-TOBACCO USE
FACE AMOUNT PER \$100.00 BASIC ANNUAL PREMIUMS
THE BASIC ANNUAL PREMIUM IS THE ANNUAL PREMIUM FOR THIS PLAN
MINUS THE ANNUAL POLICY FEE OF \$75

AGE	SCHEDULED				MINIMUM	AGE	SCHEDULED				MINIMUM
	\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS		\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS
20	\$88,495	\$90,909	\$101,010	\$111,111	\$60,975	60	\$8,658	\$9,587	\$10,330	\$10,822	\$6,246
21	88,495	90,909	101,010	111,111	60,975	61	7,843	8,680	9,354	9,803	5,757
22	88,495	90,909	101,010	111,111	60,975	62	7,097	7,855	8,467	8,873	5,299
23	88,495	90,909	101,010	111,111	60,975	63	6,455	7,147	7,698	8,071	4,901
24	88,495	90,909	101,010	111,111	60,975	64	5,878	6,510	7,007	7,352	4,531
25	88,495	90,909	101,010	111,111	60,975	65	5,356	5,927	6,381	6,693	4,182
26	88,495	90,909	101,010	111,111	60,975	66	4,901	5,425	5,844	6,123	3,855
27	88,495	90,909	101,010	111,111	60,975	67	4,484	4,928	5,344	5,602	3,549
28	88,495	90,909	101,010	111,111	60,975	68	4,096	4,472	4,882	5,120	3,261
29	88,495	90,909	101,010	111,111	60,975	69	3,841	4,163	4,580	4,803	2,995
30	88,495	90,909	101,010	111,111	60,975	70	3,491	3,757	4,161	4,364	2,748
31	88,495	90,909	101,010	111,111	60,975	71	3,178	3,395	3,772	3,961	2,508
32	88,495	90,909	101,010	111,111	60,975	72	2,900	3,077	3,427	3,606	2,286
33	88,495	90,909	101,010	111,111	60,975	73	2,598	2,791	3,115	3,285	2,086
34	84,033	86,206	96,153	105,263	56,497	74	2,329	2,531	2,832	2,992	1,903
35	79,365	81,967	91,743	100,000	51,813	75	2,088	2,295	2,571	2,721	1,734
36	74,626	77,519	85,470	93,457	48,543	76	1,869	2,078	2,333	2,474	1,581
37	68,965	71,942	79,365	86,956	44,843	77	1,674	1,881	2,115	2,246	1,440
38	66,225	68,965	76,335	82,644	43,290	78	1,499	1,703	1,917	2,039	1,311
39	61,349	64,102	70,422	76,923	40,983	79	1,344	1,543	1,738	1,853	1,196
40	56,497	59,171	64,935	70,422	38,461	80	1,208	1,400	1,578	1,685	1,089
41	52,356	55,248	60,606	65,359	36,363	81	1,087	1,272	1,434	1,535	971
42	48,309	51,282	56,179	60,240	34,246	82	981	1,159	1,310	1,401	865
43	44,247	47,393	51,813	55,555	31,847	83	888	1,059	1,198	1,281	780
44	40,816	43,668	47,846	51,020	29,411	84	802	966	1,094	1,170	704
45	37,453	40,322	43,859	46,728	27,027	85	725	882	998	1,067	634
46	34,246	37,037	40,322	42,735	24,691	86	656	805	911	973	582
47	31,446	34,246	37,037	39,215	22,321	87	594	735	832	888	517
48	28,735	31,545	34,129	35,971	20,202	88	539	672	760	811	464
49	26,525	29,239	31,645	33,222	18,281	89	497	616	695	742	418
50	24,390	26,954	29,069	30,395	16,447	90	460	567	639	681	383
51	22,026	24,449	26,315	27,548	14,814	91	428	527	588	626	367
52	19,880	22,026	23,696	24,875	13,315	92	399	491	543	578	340
53	17,985	19,880	21,413	22,471	12,004	93	373	458	502	534	306
54	16,313	18,050	19,493	20,408	10,881	94	349	429	465	494	272
55	14,749	16,339	17,574	18,450	9,871	95	328	403	437	464	239
56	13,227	14,641	15,748	16,528	8,920	96	307	378	409	435	214
57	11,862	13,140	14,144	14,836	8,110	97	256	315	341	363	194
58	10,626	11,764	12,658	13,297	7,385	98	242	297	322	343	191
59	9,569	10,604	11,415	11,976	6,779	99	229	282	305	324	181
NOTE: AGE IS ATTAINED AGE.											

TABLE C (CONT'D)

**TOBACCO USE
FACE AMOUNT PER \$100.00 BASIC ANNUAL PREMIUMS
THE BASIC ANNUAL PREMIUM IS THE ANNUAL PREMIUM FOR THIS PLAN
MINUS THE ANNUAL POLICY FEE OF \$75**

AGE	SCHEDULED				MINIMUM	AGE	SCHEDULED				MINIMUM
	\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS		\$149,999 and below	\$150,000 \$249,999	\$250,000 \$499,999	\$500,000 and over	ALL FACE AMOUNTS
20	\$54,644	\$55,555	\$64,102	\$66,666	\$39,525	60	\$5,157	\$5,491	\$5,875	\$6,020	\$3,149
21	54,644	55,555	64,102	66,666	39,525	61	4,668	4,972	5,319	5,446	2,903
22	54,644	55,555	64,102	66,666	39,525	62	4,215	4,490	4,805	4,916	2,668
23	54,644	55,555	64,102	66,666	39,525	63	3,828	4,076	4,361	4,466	2,467
24	54,644	55,555	64,102	66,666	39,525	64	3,483	3,709	3,968	4,063	2,284
25	54,644	55,555	64,102	66,666	39,525	65	3,167	3,373	3,608	3,695	2,112
26	54,644	55,555	64,102	66,666	39,525	66	2,914	3,104	3,320	3,400	1,955
27	54,644	55,555	64,102	66,666	39,525	67	2,674	2,849	3,047	3,120	1,804
28	54,644	55,555	64,102	66,666	39,525	68	2,452	2,612	2,794	2,861	1,662
29	54,644	55,555	64,102	66,666	39,525	69	2,309	2,460	2,631	2,693	1,531
30	54,644	55,555	64,102	66,666	39,525	70	2,099	2,235	2,391	2,448	1,407
31	54,644	55,555	64,102	66,666	39,525	71	1,790	1,958	2,146	2,202	1,288
32	54,644	55,555	64,102	66,666	39,525	72	1,611	1,722	1,933	1,986	1,178
33	54,644	55,555	64,102	66,666	39,525	73	1,436	1,518	1,742	1,794	1,078
34	52,631	53,763	61,349	64,102	36,231	74	1,275	1,340	1,570	1,620	985
35	49,261	50,251	57,471	59,523	32,679	75	1,134	1,182	1,414	1,461	907
36	46,296	47,393	54,054	56,497	30,120	76	1,013	1,049	1,273	1,318	834
37	42,735	43,859	49,751	51,546	27,624	77	912	946	1,145	1,188	767
38	40,322	41,493	47,169	48,780	26,178	78	825	859	1,031	1,071	706
39	37,593	38,610	43,668	45,045	24,449	79	749	782	929	967	650
40	34,843	36,231	40,485	41,841	22,988	80	679	711	838	874	599
41	32,258	33,444	37,174	38,610	21,413	81	614	645	757	791	539
42	29,585	30,769	34,246	35,460	19,841	82	553	588	687	718	486
43	27,100	28,248	31,250	32,258	18,214	83	499	541	624	654	443
44	24,937	26,041	28,653	29,585	16,666	84	448	497	566	594	405
45	22,883	24,038	26,385	27,100	15,151	85	406	456	514	540	372
46	21,231	22,321	24,330	25,062	13,755	86	367	419	467	491	348
47	19,493	20,533	22,371	22,988	12,315	87	336	385	424	447	316
48	17,761	18,796	20,325	20,833	10,905	88	307	355	386	407	290
49	16,181	17,152	18,484	18,939	9,661	89	283	327	352	372	267
50	14,727	15,698	16,806	17,211	8,576	90	260	303	323	341	251
51	13,280	14,144	15,128	15,503	7,639	91	240	281	297	314	240
52	11,976	12,755	13,642	13,966	6,821	92	221	262	273	290	220
53	10,799	11,507	12,315	12,610	6,119	93	202	245	253	268	202
54	9,708	10,341	11,061	11,337	5,497	94	184	230	234	249	183
55	8,741	9,319	9,960	10,204	4,965	95	176	216	220	234	175
56	7,849	8,361	8,944	9,157	4,494	96	168	202	207	220	159
57	7,032	7,490	8,019	8,203	4,079	97	152	176	180	191	146
58	6,349	6,765	7,235	7,407	3,742	98	135	166	170	180	135
59	5,714	6,090	6,510	6,666	3,427	99	128	157	161	171	128

NOTE: AGE IS ATTAINED AGE.

RIDERS - The continuation in the new plan of any benefits provided by Rider(s) attached to this Policy which are not exchanged will be subject to the provision for continuation, if any, in each Rider. The premium for any Rider continued after exchange will be added to the premium for the new plan.

RIDER EXCHANGE AT DEATH OF INSURED - If any Insured Spouse Riders attached to this Policy are in force upon the Insured's death, they may be exchanged for a new policy to be owned by the Insured Spouse in accordance with the Exchange provision in each rider except that: (a) the exchange must be made within 30 days after the Insured's death; and (b) the effective date of the new policy will be the day We receive Notice to Us for the exchange. If the Insured Spouse dies before exchange takes effect and within 30 days after the Insured's death, We will pay to the Beneficiary of the Rider the insurance in force under the Rider at the Insured's death, less any overdue premium for the Rider.

TERM LIFE INSURANCE TO AGE 95

PREMIUMS ARE SUBJECT TO CHANGE

**EXCHANGEABLE AFTER FIVE YEARS TO ANNUAL INCREASING PREMIUM
OR DECREASING TERM INSURANCE TO AGE 100**

NONPARTICIPATING